

First District Drug Court Process Evaluation

September 1999—March 2000

First District Drug Court Program Process Evaluation

Prepared by

TK Logan, Brandi Lewis, Katie Williams and Carl Leukefeld

**Center on Drug and Alcohol Research
University of Kentucky**

**643 Maxwelton Court
Lexington, KY 40506-0350**

859-257-8248

Table of Contents

Executive Summary	7
Program Description and Background	11
First District Drug Court Planning	11
Program Goals	12
Program Goals/Achievements	13
Client Goals	16
Recruitment and Screening	16
Capacity	17
Drug Court Program Overview	17
Primary Treatment Provider Description	24
Treatment Program Characteristics	25
Treatment Information and Planning	26
Counseling, Therapy Approach, and Assessment	26
Client Participation and Responsibility	29
Service Standards	29
Discharge Procedures	31
Additional Comments	32
Treatment Modalities Used	33
Other Program Components	37
Client Contact	38
Relapse Patterns	39
Client Monitoring	40
Aftercare	41
Information Capabilities and Reporting	42
Program Funding	43
Evaluation	43
Major Problems	43
Program Strengths	43
Potential Program Changes	43
Advice to Other Drug Courts	44
Staff Characteristics	45
Community Agencies	47
Client Characteristics	48
Graduates and Dropouts	50

Table of Contents Continued

Case Studies	
Successful Case Studies	51
Unsuccessful Case Study	54
Perceptions	
Judge	55
Staff	59
Client	61
Defense	65
Prosecution	67
Police	69
Probation and Parole	71
Jail	73
Conclusions	74
Process Evaluation Methodology	78

Index of Tables

Table 1— Key Components	13
Table 2— Program Goals and Measures	14
Table 3— Client Goals	16
Table 4— Treatment Program Phase Requirements of the Drug Court program	19
Table 5— Number of Drug Court clients Served by Four-Rivers Behavioral Health Treatment Offices by Locale	24
Table 6— Treatment Modalities Used	33
Table 7— Summary of Client Contact with Program Components	38
Table 8— Tasks by Drug Court Staff Position	45
Table 9— Fulton—Hickman Pilot Drug Court Committee Member	46
Table 10— Community Linkages	47
Table 11— Current First District Drug Court Client Characteristics	48
Table 12— Staff Perceptions About the Importance of Program Components	60
Table 13— Client Perceptions About the Importance of Program Components	62
Table 14— Process Evaluation Methodology	79

Index of Appendices

Appendix A— Process Evaluation Methodology

Appendix B— Newspaper Articles

Appendix C— Drug Court Brochures

Appendix D— Administrative Office of the Courts Drug Courts program Client Handbook

Appendix E— ASI Client Examples

Appendix F— Client Calendar Examples

Appendix G— Individual Program Plan Examples

Appendix H— Substance Abuse Treatment Questionnaire

Appendix I— Monthly Statistical Reports

Appendix J— Program Manual

Executive Summary

The purpose of this report is to provide the results of a process evaluation of the First District Drug Court program. The comprehensive process evaluation included a one-hour interview with each of the two Drug Court Judges, a three-hour in person interview and a two-hour phone interview with the treatment coordinator. A two-hour phone interview was also conducted with a representative from Four Rivers Mental Health Facility, the primary treatment provider for the First District Drug Court. The Drug Court program case specialist, one defense attorney, three prosecuting attorneys, two representatives from the Office of Probation and Parole, two representatives from county jails, and two police department representatives were sent surveys. In all, 15 different individuals representing eight different agency perspectives provided information about the First District Drug Court program for this report. The data collection for this report spans from the period of September 1999 to March 2000. Information regarding the program's first graduation, which took place May 4, 2000, was also included in the evaluation.

The First District Drug Court program serves a rural population. The First District Drug Court program began as a pilot program in Fulton and Hickman counties November 4, 1997. The First District Drug Court program is the first Drug Court program in the state of Kentucky to serve a four county jurisdiction, which should provide an excellent model for future programs with a jurisdiction of this span. Due to delays in funding and changing of the presiding judges, the actual Drug Court program did not start until July 1999.

The mission of Kentucky's Drug Courts is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery. In the program model developed in the First District, defendants will be accepted into the program voluntarily through post adjudicative probation and diversion tracks, from Circuit and District Courts. Clients will spend an average of 18 to 24 months in the program. Drug Court clients go through three phases in order to graduate from the Drug Court program. The first phase lasts a minimum of four to six weeks. Phase II lasts a minimum of six months, and phase III lasts a minimum of six months. If an individual is on the diversion track and successfully completes the Drug Court program, the Drug Court Judge will set the client's guilty plea aside and their charge may be removed from their record. When individuals in the probation track successfully complete the program, the Drug Court Judge may conditionally discharge the remainder of their probationary time.

Program Goal Achievement. The primary goal of the First District Drug Court program is to administer firm but humane substance abuse treatment within the criminal justice system. The First District Drug Court program also reports to the Administrative Office of the Courts on the following goals: promoting abstinence; decreasing recidivism; increasing community safety; increasing life skills; increasing community awareness; and expanding and maintaining a resource base.

Drug Court Staff. The First District Drug Court only employs two staff members, the treatment coordinator and the case specialist. The two Judges volunteer their time with the program.

Drug Court Judges. Currently, there are two Judges involved with the First District Drug Court program, Judge Hunter Whitesell and Judge Keith Myers. Judge Whitesell presides over the Drug Court in Fulton and Hickman counties and Judge Myers presides over the Drug Court in Carlisle and Ballard counties.

Drug Court Clients. As of February 29, 2000, 29 clients were in the First District Drug Court program. For the first fiscal year of 2000, two clients were terminated from the program. One client was arrested on new felony charges and the other was terminated for non-compliance.

Treatment. The First District Drug Court program is firmly established on the Key Components and has three program phases, which will take an average client approximately 18 months to complete. The major focus of the First District Drug Court program is the treatment of individuals with substance abuse problems. The First District Drug Court clients receive substance abuse treatment from Four Rivers Behavioral Health Center at offices located in Ballard, Carlisle, Fulton, and Hickman counties. Clients undergo an intensive year to two years of group and individual treatment sessions, along with Alcoholics Anonymous or Narcotics Anonymous meetings.

Individualization. The First District Drug Court program focuses on individualization of treatment. The program utilizes individual program plans to better formulate treatment for clients needs.

Unique Aspects. Unique aspects of the First District Drug Court program include the fact that Fulton, Hickman, Carlisle, and Ballard counties are primarily rural and thus have much fewer resources than more urban areas. Conversely, being rural does have great advantages over the more urban areas. The Drug Court Judges and local law enforcement have a great familiarity with clients and their backgrounds. The staff of the First District Drug Court program is extremely dedicated to the purpose of the Drug Court program. Due to a delay in federal funding, the treatment coordinator initially volunteered her time to plan and work with the implementation of the program. The treatment coordinator was the sole staff member, until December 1999 when the case specialist was hired. Also, since the First District Drug Court is operating in a multi-county area, coordination between treatment providers, probation officers, the local law enforcement agencies, and the Drug Court staff requires a greater effort than do single county Drug Court programs. Further more, the First District Drug Court program is anticipating adding another county into the area served by the First District Drug Court program, in the near future.

Strengths. Each agency representative was asked about the perceived strengths of the program. The following are some of the strengths mentioned by respondents: (1) Close and necessary monitoring; (2) Substance abuse education; (3) Provides additional treatment in remote areas where treatment options are limited; (4) Provides better supervision of clients; (5) Builds a greater self-esteem in clients; (6) Program requirement of either employment or enrollment in an educational program; (7) Employment opportunities; (8) Organization; (9) Drug screening; (10) Immediate sanctions; (11) Reduction of violent crime; (12) Reduces

recidivism among substance abusers; (13) Good tracking of jailed clients; and (14) Community awareness of the substance abuse problem.

Rewards and Recognition. The First District Drug Court program was recognized by the Paducah Sun in the “The Year in Review” section as an important happening of 1999. Fifteen additional articles were also published in local newspapers since the inception of the First District Drug Court program. (See Appendix B for newspaper articles).

Suggested improvements. The following are improvements suggested by the respondents: (1) Employ stiffer sanctions; (2) Establish a local halfway house; (3) Take preventive measures to help children and families of the Drug Court clients; (4) Do not allow repeat felony drug offenders to have the Drug Court option; (5) Consider clients with only one violent incident in their past for admission into the program; (6) Obtain additional funding for testing; (7) Hire additional caseworkers; (8) Work to increase the amount of community involvement; (9) Separate District Court and Circuit Court cases; (10) Require prosecuting attorneys and defense attorneys to appear at Drug Court sessions; (11) Better communication between the Drug Court staff and law enforcement; and (12) Have better understanding, on the behalf of Drug Court personnel, regarding probation and parole rules of supervision.

Recommendations. The evaluators generated several recommendations based on the information gathered from individuals surveyed. Recommendations for the First District Drug Court program included improved communication between the Office of Probation and Parole and the Drug Court staff; make preparations for an outcome evaluation; and invoke a management information system.

Advice to new Drug Court programs. Respondents were also asked what advice they would give to new Drug Court programs. Their responses included the following:

- “Be patient, give it a chance to work, there will be failures, [but you] will see the benefits of the program.”
- “Help Drug Court clients as much as you can.”
- “Show the judicial system that there are other options for drug offenders.”
- “Give Drug Court your full support from day one.”
- “Input from all agencies serving Drug Court is essential from the beginning.”
- “Work as a team. Try to keep a good communication between the Drug Court and law enforcement.”
- “Do not allow the crossover of District and District Court cases.”
- “Everybody needs to work together.”

Concluding Comments. The following were concluding responses by various respondents. Overall, the comments reflect summations of what the respondents think about the Drug Court program. The Judges commented, “Anytime you get that one-on-one relationship with a person, you get empathy for them, not just punitive power, but the power to do good” and “They [Drug Court clients] get to see you as a person.”

Police representatives commented, “I feel it is the most effective treatment program available for those whose number one problem is drug addiction. I know of no treatment center

anywhere that is as effective as the Drug Court program” and “We support helping persons with substance abuse, as long as their chances are minimized.”

One Drug Court client stated, “I would like to thank everyone for treating me like a human being.”

One Probation and parole representative commented, “Intensive supervision was discontinued by corrections as not efficient. The only big difference was Drug Court clients write reports and see the District Judge weekly.” Another probation and parole representative stated, “[They] need to understand that probation officers are responsible to Circuit Judge in probation cases from Circuit Court not a District Judge who has a Drug Court.”

Summary. In summary, the First District Drug Court program began as a pilot on November 4, 1997, in only Fulton and Hickman counties. The First District Drug Court program, including the four counties of Fulton, Hickman, Carlisle, and Ballard was officially implemented in July 1999. The treatment coordinator indicated that the First District Drug Court program may include neighboring Graves County as part of the Drug Court program, in the near future.

The First District Drug Court program has overcome a few limiting difficulties, such as a delay in funding and extremely restricted resource availability. However, due to the great passion of the individuals involved, the First District Drug Court program has been successful thus far with clients being promoted to the next phase and few terminations. On May 4, 2000 the First District Drug Court program held its first graduation ceremony. Three clients graduated from the program.

The most compelling aspects of the First District Drug Court program is the rural area that it serves and the Drug Court program’s dedicated staff. The area had limited resources available for substance abusers. The First District Drug Court program has met a great need in the community it serves. The Drug Court staff must be creative and flexible to meet the client needs due to the lack of community resources. The immediate sanctions are another compelling aspect of the Drug Court program. Clients are given sanctions immediately when the program rules are violated. The intense level of treatment is another compelling aspect of the program. Clients receive treatment from the Drug Court treatment coordinator and also from counselors at Four Rivers Behavioral Health Center, the primary treatment provider of the program.

In conclusion, the First District Drug Court program has had a great impact by reducing the probation caseload, reducing the jail population, and giving judges another option to consider in adjudication. The Drug Court program also has provided a greatly needed substance abuse treatment program for the rural area. All of the respondents indicated this program is making a real difference in the lives of the clients. The program is heavily committed to helping substance abusers and the community, and it also fits well into the local community.

Program Description and Background

The motto for the Kentucky Drug Courts is “A chance...a change.” Kentucky’s Drug Courts are aligned with more than 400 Drug Courts in operation and 220 Drug Courts that are in the planning process, across the United States.¹ “In 1998, Kentucky’s corrections facilities housed 14,839 inmates at an average cost of \$14,389 per person.”² In response to the rising costs of incarceration and drug/alcohol related arrests, the First District Drug Court program was established July 1, 1999.

The First District Drug Court program serves Ballard, Carlisle, Fulton, and Hickman counties. This Drug Court program is also known as the Four River Counties Drug Court. The four counties served are located in the far western Jackson Purchase region of the state of Kentucky. The First District Drug Court program primarily serves clients who reside in Ballard, Carlisle, Fulton and Hickman counties. However, the program also serves some clients from South Fulton, Tennessee, which is located across the state line from Fulton County, Kentucky. However, these clients must have committed their offense in the First District jurisdiction. The Drug Court program was greatly needed in this region because there were limited treatment resources available to the communities.

According to the 1990 census, Ballard, Carlisle, and Hickman counties were 100% rural and Fulton County as 70.9% urban.³ The median household income for Fulton County was \$16,1087, \$20,347 for Hickman County, \$19,371 for Ballard County, and \$25,409 for Carlisle County according to the 1989 Kentucky census. Thirty percent of Fulton counties’ residents live in or below poverty, 20% of Hickman residents, 18% of Ballard County, and 15.4% of Carlisle County residents live in or below poverty.⁴ Additionally, the jurisdiction is directly bordered by three states (Tennessee, Missouri, and Illinois). The treatment coordinator indicated that the relative closeness of the bordering states is a contributor to the substance abuse problem.

During Fiscal Year 1998, the number of drug offenses in Ballard County was 186 (2.25% of the population), in Carlisle County was 125 (2.35% of the population), in Fulton County was 198 (2.54% of the population), and in Hickman County was 98 (1.85% of the population).⁵

First District Drug Court Planning

The Drug Court program received a federally funded planning grant in April 1997. The current First District Drug Court program treatment coordinator, the AOC Drug Courts Manager, the AOC Drug Court Field Coordinator; the public defender, the county attorney, and one Judge were involved in preparing the planning grant. Later, the Fulton County Sheriff’s Office participated in planning the Drug Court program. Approximately ten organizational meetings were held in order to plan the First District Drug Court program.

¹ Office of Justice Programs, Drug Court Clearinghouse and Technical Assistance Project. June 1999

² Drug Court Brochure, Administrative Office of the Courts, 1999.

³ <http://cbpa.louisville.edu/ksdc/sdc/kentucky> May 23, 2000

⁴ Kentucky Census 1989, United States Census Bureau. <http://www.census.gov>. January 19, 2000

⁵ Count of Drug and Non-Drug Offense Charges by County for Fiscal Year 1998. Research and Statistics Department of the Administrative Office of the Courts.

The Drug Court program began as a pilot program in Fulton and Hickman counties November 4, 1997, under Judge Paitzel. In January of 1999, Judge Whitesell began presiding over the pilot Drug Court program. The pilot program was designed to have only five clients until funding for a Drug Court program was established. However, due to the need, the pilot program grew to 25 clients from November 1997 to the end of the pilot program in July 1999. The pilot program clients moved into the First District Drug Court program. The wait for funding and a change in Judges necessitated the delay in the implementation of the fully operational First District Drug Court program.

The pilot Drug Court program was extremely limited in funding as well as in access to treatment resources. The treatment coordinator was the only staff member and volunteered time to plan and work with the program since there was no funding for the pilot program. Community linkages were made with Four Rivers Behavioral Health Center, the local public health provider, as well as the Health Department, the local employers, the Office of Adult Education, and other resources to prepare for an effective Drug Court program. The treatment coordinator believed the pilot Drug Court program was a success, much in part because it introduced the clients and community to the Drug Court concept slowly. Also, through doing a pilot program, many valuable lessons were learned about an Adult Drug Court in a multi-county rural area. A pilot program may have been especially critical for the First District Drug Court program because there are few Drug Courts in rural areas. Further, few Drug Court programs serve multi-county areas as the First District program does. In turn, the First District Drug Court program can act as a model for new rural Drug Court program as well as the multi-county Drug Court programs.

The treatment coordinator believes the community has been extremely accepting of the Drug Court program. The Drug Court program office is housed in the Carlisle County Senior Citizens Center. The senior citizens there have been very receptive to the program and the clients as well. The community has been awakened to the drug problem in the area and now suggests the program to those who may be in need of substance abuse treatment. The treatment coordinator believes the community has witnessed the success of the program and in turn has become more supportive over time.

In January 1999, Judge Hunter Whitesell began presiding over the Fulton and Hickman area of the First District Drug Court program. In February 1999, Judge Keith Myers, representing Carlisle and Ballard counties, joined Judge Whitesell. The two Judges began working with the pilot program in early 1999, and continue to work with the funded First District Drug Court program today.

Program Goals

The First District Drug Court program is grounded in the key components described in the 1997 publication *Defining Drug Courts: The Key Components*⁶. The overall mission of Drug Courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug Courts transform the roles of both criminal justice practitioners and Alcohol and Other Drug (AOD) treatment providers. The Judge

⁶ *Defining Drug Courts: The Key Components* (January, 1997). U.S. Department of Justice, Office of Justice Programs, Drug Courts Programs Office.

is the central figure in a team effort that focuses on sobriety and accountability as primary goals. To ensure the primary goals are met, the Drug Court Standards Committee developed some key components for all Drug Court programs. The key components as described in the 1997 *Defining Drug Courts: The Key Components*, are:

Table 1. Key Components

1. Drug Courts integrate alcohol and other drug treatment services within the justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants' compliance.
7. Ongoing interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

The First District Drug Court program is still in the implementation process. Two staff members serve the clients of all four counties represented: the treatment coordinator and the case specialist. Previously, the treatment coordinator was the sole First District Drug Court staff from November of 1997 through December of 1999. Before February 1999, only Fulton and Hickman counties were a part of the First District Drug Court program. At that time, the treatment coordinator had a meeting place in Fulton County for sessions with clients. Currently, the treatment coordinator has an office in the Carlisle County Senior Citizen's Center, which is mid point between the four counties served. The treatment coordinator meets with the clients for education and family sessions, as well as individual counseling. Offices of the Four Rivers Mental Health facility in Ballard, Carlisle, Fulton, and Hickman counties serve the Drug Court clients for drug treatment sessions.

Program Goals/Achievements

In addition to the Key Components, the primary goal of the First District Drug Court program is to provide firm but humane substance abuse treatment within the criminal justice system and produce full functioning, drug free citizens back into society. The goal is measured by client progress. If clients are not using drugs, if they are attending sessions, and if they are able to get and keep a job, the treatment coordinator believes that the Drug Court's primary goal is being met. The Drug Court staff also relies on reports from family members about client progress. The Judges hope that the program will continue to be family oriented.

In order to meet these goals, the First District Drug Court program has designated critical components that must be met. The components are intense control and care. The treatment

coordinator describes the First District Drug Court program as family oriented. “Everybody knows everybody and this level of intimacy increases bonding.”

The Administrative Office of the Courts has also set a number of goals for the Drug Court’s in Kentucky. The following are the goals and benchmarks for goal achievement:

Table 2. Program Goals and Measures

Program Goals	Measures for Goal Achievement
1. Promote abstinence	Drug free babies; clean drug screens, number of meetings attended (AA/NA, treatment groups, education, case specialist meetings)
2. Decrease recidivism	# Re-arrests while in program and after graduation (tracked with Courtnet, a daily jail list, and arraignments are monitored daily as well)
3. Community safety	Lower community drug arrests; lower property crime
4. Increase life skills	Court approved housing; court approved employment; education level of clients; gaining/keeping custody of children
5. Community awareness	# Media contacts; national recognition; additional funding; requests to speak; more referrals
6. Expand and maintain resource base	Expanding and maintaining the number of agencies the Drug Court program can refer clients to or who work with the Drug Court program

Program Goal Achievement. Indicators for each of the program goals described in Table 2 are listed below.

1. Promote Abstinence

Data from the monthly statistical reports from the pilot program beginning November 1997 to the first six months of the actual First District Drug Court program December 1999, indicate that:

- 886 drug screens were checked and only 4% were positive.
- 519 individual counseling/treatment sessions were held.
- 40 group sessions were conducted.
- 119 Drug Court sessions were held.

2. Decrease Recidivism

Data from the monthly statistical reports since the inception of the pilot Drug Court program, November 1997, through the first six months of the First District Drug Court program, December 1999, indicate that:

- 26 participants were promoted from phase I to phase II and 11 participants were promoted from phase II to phase III.
- Only 8 of the participants were charged with new offenses. New charges included parole violations, possession of firearm by a felon, and driving while under the influence.

3. Community Safety

- Community safety is a long-term goal of the program and has not yet been measured. However, it should be noted that for the period of time that clients are in the Drug Court program (approximately one to two years), clients are closely supervised. During this supervision period there are very few new arrests, few dirty drug screens, the majority of clients are employed full-time, the majority of clients are paying child support or caring for their children, and the majority are paying any other debts they may have incurred. This close supervision contributes in a substantial way to the community safety.

4. Increase Life Skills

In the fiscal year of 2000, July 1-December 31, 1999, the data indicates:

- 2 participants received their GED.
- 28 participants obtained or maintained employment.

5. Community Awareness

- 16 articles in the local newspapers specifically referring to the First District Drug Court have been published since the First District Drug Court began in July 1999. Additionally, one article referring to the First District Drug Court program was published in the Lexington Herald Leader.
- Public service announcements have been made on the local radio stations by the Drug Court Judges.

In addition, one or more First District Drug Court team have attended, or plan to attend, the following:

- Site visits to other Drug Court programs throughout the state of Kentucky
- National Judicial College course on Drug Court programs
- National Drug Court Professionals conference in Pensacola, Florida, January 2000.
- Technical assistance workshop for adult Drug Court implementation applicants in Jacksonville, Florida
- National Drug Court symposium in Rochester, New York.
- The Drug Court staff plans to attend COPS in Lexington, Kentucky in April 2000
- The Drug Court staff will attend the National Drug Court Conference in San Francisco, California in June 2000.

6. Expanding and Maintaining Resource Base

Services and coordination with other community organizations indicated in the first fiscal year of 2000, July 1-December 31, 1999, included:

- Carlisle County Senior Citizens Center
- Narcotics Anonymous
- Alcoholics Anonymous

- Greater Four Rivers County Development Corp
- Local area Health Departments
- Four Rivers Mental Health Facility
- Bureau of Vocational Rehabilitation
- Housing Authority
- Adult Education Program
- Manpower Services
- Fuller Center
- Freidman Center
- Faith Communities

Client Goals

The following overall client program goals are printed in the client handbook.

Table 3. Client Goals

1. To learn to be drug free.
2. To learn better ways of coping with life.
3. To adjust to a drug-free lifestyle.
4. To develop a non-criminal pattern of living.
5. To enhance employment skills through vocational training and educational pursuits.
6. To attend NA/AA and other support groups.
7. To increase social skills.
8. To enhance self-esteem and self-motivation.
9. To learn the warning signs of relapse and develop a relapse prevention plan.

Recruitment and Screening

Drug Court clients are all volunteers; they can choose the option of participating in the Drug Court program. Typically clients learn about the Drug Court program through word-of-mouth and can be referred to the program by attorneys, Judges, and law enforcement officials.

The First District Drug Court program is open to both District and District Court clients. Clients are able to enter the program if they have a drug or alcohol abuse problem that has led to their arrest and are over the age of eighteen. Clients are strongly encouraged to have some form of available transportation due to long distances that may have to be traveled in order to participate in Drug Court sessions and counseling sessions.

There are several exclusionary criteria for the First District Drug Court program. Violent offenders and sex offenders are not admitted to the Drug Court program. However, those clients with domestic violence charges are allowed into the program, as long as the charge was not domestic violence felony assault. Also, drug traffickers who traffic simply for profit, and not to support their own drug abuse, are not admitted into the program. The area served by the First District Drug Court program is a sparsely populated region. Due to the lower population, police and Judges generally know offenders' histories very well. Thus, offenders who traffic for profit

and offenders who traffic in order to support their own addiction are more clearly discerned. They have often seen the offenders in the criminal justice system previously and/or know the offender through contact in the community. The treatment coordinator believes that the Drug Court program is reaching the target population of the jurisdiction.

Clients are determined to be eligible for the program upon their pleading guilty to drug or alcohol related charges, or charges related to the offender's substance abuse problem. They are then referred to the First District Drug Court program. As soon as an individual is referred to the program, the treatment coordinator conducts a background check through the Administrative Office of the Courts Pretrial Services using National Crime Information Center and Courtnet. The treatment coordinator then conducts an intake interview with the potential client to inform him or her of the program and its requirements. The treatment coordinator has the individual write a list of ten things they like about themselves and ten things they do not like about themselves, in order to gain insight into the person's level of self-esteem and addiction before they can actually enter the program. The treatment coordinator also explains the program requirements again to the client and any family members using the First District Drug Court program brochure. (See Appendix C for Drug Court program brochures). At the second meeting with the client, the treatment coordinator conducts an Addiction Severity Index assessment and an alcohol addiction assessment. Assessments and interviews are often conducted in the jails, or available office space in the Courthouse, generally within 72 hours after referral to the First District Drug Court program. At this time the requirements are explained to the clients using the Administrative Office of the Courts Drug Courts Program Client Handbook and the clients sign an agreement of participation form. (See Appendix D for AOC Drug Courts program client handbook).

The clients are transferred into the First District Drug Court program upon sentencing. Clients are equally accepted and taken on a "first come, first serve" basis. It often takes clients in Circuit Court a longer period of time to enter the program than those clients in District Court and because some are shock probated to the Drug Court program.

The First District Drug Court program has accepted two clients who were shock probated to the program. The Judges are pleased with the progress of these participants, and may refer other shock-probated participants to the Drug Court program.

Capacity

Clients enter the program individually. The program has received funding to have between 150 and 175 clients over a two-year period. The Drug Court program can accommodate forty to fifty clients at one time. Currently, the First District Drug Court program has 29 clients. Clients are required to remain in the program for one and a half to two years and then are required to complete six to twelve months of aftercare.

Drug Court Program Overview

Assessment of Needs. Potential clients must undergo an assessment to establish drug dependency and a history of drug use. The Addiction Severity Index (ASI) is administered by

the First District Drug Court program treatment coordinator. The ASI is the only standardized assessment instrument used in the First District Drug Court program. The ASI⁷ is a multidimensional instrument used to diagnose, evaluate, and assess change in a client's drug abuse patterns. It identifies personal and family background, current status, and problems in six domains including medical status, employment/support status, drug/alcohol use, legal status, family/social relationship, and psychiatric status. The ASI is a computerized assessment tool based upon the concept that successful treatment of drug offenders must address problems that may have contributed to their drug dependency. It takes approximately forty-five minutes to administer the ASI. The ASI is used principally for intake assessment to determine a potential client's eligibility and assess the needs and/or risks for clients. (See Appendix E for ASI example.)

Treatment plans differ by phase in terms of the intensity of treatment and the time spent in treatment groups. The minimum time spent in any phase of the Drug Court program is no less than that required by the Administrative Office of the Courts, which is a minimum of four to eight weeks for phase I, eight to 12 months for phase II, and three to five months for phase III.

The First District Drug Court program uses Four Rivers Mental Health Center as the primary treatment provider. Four Rivers is local public mental health source and has treatment offices located in Ballard, Carlisle, Fulton, and Hickman counties for drug treatment and counseling. This organization assesses clients using a bio-psycho-social instrument.

Orientation. Starting with the treatment coordinator's first interview with the potential client, rules are explained to clients, thereafter on an ongoing basis. During the first interview, the treatment coordinator uses the First District Drug Court program brochure to explain the program and its requirements. (See Appendix C for the First District Drug Court program brochure). During the second meeting with the potential client, the treatment coordinator describes the program using the Administrative Office of the Courts Drug Courts client Handbook, and asks the potential client to sign a waiver. (See Appendix D for AOC Drug Courts program client handbook). Additionally, the treatment coordinator explains program requirements to a relative of the client, in order to assure that the client and client's family member(s) are cognizant of all program requirements.

Program Documentation. Clients of the First District Drug Court program are given the Administrative Office of the Courts Drug Court program manual along with the brochure concerning the First District Drug Court program. The manuals describe the program, the expected goals for each client, costs and payments, participant rules, program requirements, individual, group and family counseling, chemical dependency education, support groups, incarceration, employment, the vocational/job training component, vocational rehabilitation, random drug screens, discharge, graduation, and program hours. The First District Drug Court program brochure further outlines the criteria and treatment plan which Drug Court clients will follow.

Individual Sessions. During individual sessions, issues such as the client's progress, goals, problems, substance use, employment, spirituality, family, and Drug Court responsibilities

⁷ NIDA (1995). "Assessing Client Need Using the ASI: A Handbook for Program Administrators." U.S. Department of Health and Human Service, National Institutes of Health. NIH Publication No. 95-3619.

are addressed. However, the issues addressed during individual sessions may vary by phase and client. The length of time a client may spend in an individual session is fifteen to sixty minutes, depending upon the individual client's needs. The Drug Court clients may attend individual sessions, over the required session amount, as needed.

Group Sessions. Group sessions typically last sixty minutes and the content does not vary by phase. There are some gender specific groups. For example, some of the female Drug Court clients have been or are subjected to abuse and the group topics' address these issues. Groups that are offered to First District Drug Court clients are couples, family, AA/NA sessions, Women's group, and the soon to be started, Men's group.

Phases. There are three phases in the First District Drug Court program. Clients must progress through each of the phases before they can graduate from the Drug Court program. As clients move through the phases the number of group and court sessions they must attend decreases, as does the number of urine drops. Clients are required to attend their scheduled group sessions and are not permitted to miss sessions because of work or other reasons. If the clients miss a session they will be required to make up the session. (See Appendix F for Client calendar examples.) The following table summarizes the phase requirements and the average time of completion for each phase.

Table 4. Treatment program phase requirements of the Drug Court Program

Phase I	Phase II	Phase III -- Aftercare
Principal Requirements		
Average Time length of phase: 4-8 weeks	Average Time length of phase: 6-12 months	Average Time length of phase: 6 months
<ul style="list-style-type: none"> Attend one Drug Court session per week Provide all assigned drug screens each week which reflect no use of drugs Attend all assigned group, family, and/or individual counseling sessions Begin to make necessary arrangements for payment of Court obligations Attend at least four AA/NA meetings weekly Maintain Court-approved stable housing Gain or maintain Court-approved employment, training, and/or education referrals Maintain daily journal to be submitted to the Judge Comply with necessary medical referrals 	<ul style="list-style-type: none"> Attend one Drug Court session every other week Provide all assigned drug screens which reflect no use of drugs Attend all assigned group, family, and/or individual counseling sessions Develop a payment plan to satisfy any restitution, court cost, etc. Maintain Court-approved stable housing Gain or maintain Court-approved employment, training, and/or education referrals Homework assignments Maintain daily journal Complete a book report every two weeks Maintain daily physical activity Do at least one good deed every two weeks Obtain/maintain an approved NA sponsor 	<ul style="list-style-type: none"> Attend one Drug Court session per month Provide all assigned drug screens which reflect no use of drugs Attend all assigned group, family, and/or individual counseling sessions Pay a substantial amount of restitution, court costs, etc. Maintain Court-approved employment, training, and/or education referrals Maintain daily journal Read a book and turn in a report to the Judge Maintain daily physical activity Do at least one good deed to be reported to the Judge Maintain a full-time NA sponsor and have regular contact Mentor a new Drug Court participant and/or group session

Phase I can be completed in the minimum time of one month, as suggested by the Administrative Office of the Courts. There is no maximum time for clients to complete Phase I. Clients remain in Phase I until they have consistently clean urine samples. During Phase I, clients attend one Drug Court session weekly and individual counseling sessions two times per week. Clients attend a minimum of four Alcoholics Anonymous/Narcotics Anonymous sessions. The treatment coordinator has discretion over the amount of AA/NA sessions that clients attend.

During this phase, clients are required to search for employment, if needed. If clients are unable to obtain employment, they are required to do community service. Clients are also required to maintain Court-approved stable housing. Homework is assigned by the treatment coordinator in the form of writing assignments approximately one page in length. Some general homework assignments are given to all of the clients. However, assignments are also individualized and based on the client's needs. Examples of writing assignment topics used by the treatment coordinator include current events, affirmations, and summations of what was discussed in their treatment sessions. For example, the treatment coordinator assigned one client to write an essay on differing cultures to attempt to incorporate tolerance in the client. Judges occasionally assign book reports to clients. The clients may read anything for the book reports except pornography or other objectionable material.

Phase II can be completed in a minimum of six months. During Phase II, clients are required to attend group sessions one to two times per week and attend at least two to three NA/AA meetings. Clients are also required to attend two individual counseling sessions. As in Phase I, clients are also required to have employment/education, stable housing, and do book reports. Further, clients are required to maintain a daily journal that is submitted to the Judge. Included in some of the journal assignments are descriptions of good deeds that the clients do each week. The point of promoting good deeds is to focus on helping others and being less self-centered. The clients attend Drug Court sessions twice per month during Phase II. Clients have a routine calendar to follow. (See Appendix F for client calendar example).

Phase III is the final phase of the Drug Court program. Phase III lasts a minimum of six months. There is a routine schedule for clients to follow in Phase III, however a client must attend AA at least once per week. Clients are also required to attend Drug Court sessions once per month during Phase III. The client may apply for graduation at this point and then must complete an exit interview with the treatment coordinator. After graduating from the Drug Court program, the aftercare component may last six to 12 months. Clients will be required to attend a minimum of one individual session and/or group session, per month. Also, clients may possibly be required to submit to drug testing.

Individual Program Plans (IPP). Clients receive some of the same treatment components, however, much of the treatment is individualized to meet the specific needs of the clients. The initial step is to develop an Individual Program Plan (IPP). The treatment coordinator and treatment provider each creates an IPP for the Drug Court clients. The treatment coordinator believed that by both she and the treatment provider creating IPPs, the clients' needs would be better addressed. The client is getting intense individual treatment from two perspectives. Therefore, if the treatment coordinator should overlook a problem the client may have then the treatment provider may target the problem. The treatment provider and treatment

coordinator communicate frequently on clients' progress and needs and make adjustments to both IPPs if deemed necessary. (See Appendix G for Individual Program Plan examples from the Drug Court treatment coordinator and treatment provider.)

The plans outline specific responsibilities and goals with timetables. The plans may include group, family, and individual counseling at varying frequencies depending upon the client's need. The IPPs are reviewed and modified as necessary by the treatment coordinator and/or treatment provider. The IPP is developed with information from the client and their family, as well as any outstanding information from the clients ASI. Further, clients are asked to consider problem areas that may need to be addressed in treatment. Educational classes, such as adult literacy, may be a component of Individual Program Plans if needed.

Drug Court Sessions. The Drug Court program participants are seen on a Drug Court docket. Drug Court sessions are held in Carlisle every Wednesday for clients from Carlisle and Ballard counties. Drug Court sessions are held every Thursday in Fulton County for clients from Fulton and Hickman counties. Drug Court is held at 8:00AM in Carlisle County and at 8:30AM in Fulton County. However, the Drug Court is flexible and willing to make other arrangements for those few who cannot make the Court session due to a conflict with their work schedule. The Drug Court session docket does not follow a routine schedule. Clients are seen in no particular order. Approximately one third of the Drug Court program clients attend the weekly Drug Court session. Representatives from the Four Rivers Mental Health Facility attend the weekly Drug Court session. Prosecuting attorneys attend the Drug Court session on occasion.

Clients in Phase I attend the Drug Court sessions weekly and clients in Phase II attend Drug Court session bi-weekly. Phase III clients attend the Drug Court sessions monthly. The Judge speaks with every client in depth about his or her progress and/or lack thereof during the Drug Court session.

The Drug Court team meets prior to the Drug Court session to review and discuss the progress of the clients to be seen on the upcoming docket. The meetings take place in the Judges' chambers and are informal. The treatment coordinator, case specialist, and a representative from Four Rivers Mental Health Facility attend the meetings.

Payments. Drug Court clients are required to pay court related financial obligations such as child support, restitution, probation fees, fines, court costs, and any other legal fees. The Drug Court staff verifies the clients' fee payment by having them present receipts from payment of the fines and fees.

Program Rules. Participants also have specific rules they are required to follow while participating in the Drug Court program. These rules include:

1. Appropriate clothing is expected at all times. You must wear a shirt or blouse, pants or skirt, and shoes. Sunglasses will not be worn inside the Drug Court Center or Court. Clothing bearing drug or alcohol-related themes, or promoting or advertising alcohol or drug use is not allowed. No gang colors or gang clothing shall be worn in the Center or Court.

2. You must attend all scheduled counseling sessions, educational sessions, and Court sessions, unless you obtain prior approval. You must arrive on time and not leave until the meeting is over. If you are late, you may not be allowed to attend the session and may be considered absent. Arrangements must be made to make up missed groups before your next court appearance.
3. The following actions will not be tolerated:
 - ❖ Violence or threats of any kind
 - ❖ Use and/or possession of drugs and/or alcohol
 - ❖ Belligerent behavior
 - ❖ Possession of any type of weapon
 - ❖ Inappropriate sexual behavior or harassment
4. Your family and/or friends, including children, cannot loiter on the premises. If they are providing transportation, they should simply drop you off and pick you up at the end of the session.
5. You may not carry beepers or cellular phones to Court or group sessions.
6. All participants must notify staff of any arrest or court obligations.
7. The program shall comply with KRS 620.030 regarding the reporting of cases of abuse or neglect of minors. The program shall also comply with KRS 209.030 regarding the reporting of cases of abuse and neglect of adults. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.
8. You will be expected to maintain appropriate behavior at all times during Drug Court sessions and while in the courthouse. You will be permitted to show support and encouragement to fellow participants by applause, but only during appropriate times. Your behavior and demeanor while in the courthouse is a reflection on the entire program. Maintaining appropriate behavior is indicative of the progress you and your fellow participants are making toward your recovery.
9. All participants must comply with the following curfew times: Sunday-Thursday, 11:00 p.m.; Friday-Saturday, 12:00 a.m. The Drug Court Judge or staff must approve the any exceptions. If you work later than these hours, you have 30 minutes leeway to get home.

Clients are strongly encouraged to have some available form of reliable transportation, prior to admission into the program. The Drug Court sessions and treatment sessions require transportation, the First District Drug Court program does provide this service, only where available. The Drug Court program has utilized the Fulton County Transit service. However, the transit service does not run on a regular basis to all counties in the jurisdiction served by the Drug Court program, due to the long distance between the counties. Fulton and Hickman

counties offer public transportation for a fee. Childcare is also not provided; clients are required to find their own childcare.

Employment. Clients are required to have employment prior to graduating from the First District Drug Court program, unless they are fully disabled. In order to verify employment, the treatment coordinator calls the employers and makes site visits once per month. If a client needs help finding a job, they are referred to the unemployment office and sent on their own to locate a place of employment. The Judges also have contacts which they can refer Drug Court clients to for employment. Further, general word of mouth aids in locating employment. If a client does not find work, they will be required to do community service; this has not been a problem as of yet in the First District Drug Court program. If a Drug Court client is terminated or quits a job, the Judge will give the client a deadline for finding new employment. A sanction, such as community service may be utilized if the client does not find employment by that deadline. Places where clients have found jobs include local farms and industries, some small businesses, service stations, and construction companies. No problems or barriers have been incurred or are expected with employers. If a problem with an employer should arise, the treatment coordinator will try to meet with the employer and deal with the situation. If the client must miss work in order to appear for a Drug Court session, the treatment coordinator will write an excuse to the employer.

Housing. Clients are also required to have court-approved housing throughout the Drug Court program. The treatment coordinator verifies housing through surprise home visits and phone contacts. Further, due to the rural area police, attorneys, and judges typically know the areas where people are living and may assist in the assessment of the client's living conditions. Maintenance of adequate housing has not been an issue for the First District Drug Court program to date. However, the Housing Authority for Hickman and Fulton counties is available to aid Drug Court clients in locating and obtaining adequate housing. Public housing is available in the area, but they do not accept persons with felony drug charges, so many Drug Court clients cannot utilize the accommodations.

Education. The education component of the First District Drug Court program requires those clients without a high school education obtain, or at least attempt to obtain, their General Education Diploma. Clients possessing or obtaining their GED are encouraged to further their education. The class is encouraged to be in an area that the client excels, for example, an auto body class. Vocational training services are offered through the vocational school located in Paducah, Kentucky. The Greater Four Rivers County Development Corp offers computer training and other job development opportunities to Drug Court clients. Education will be verified through diplomas and letters. The First District Drug Court program has planned continuing education for clients in the past. The Paducah Community College and the local unemployment offices may offer assistance with client education in the future.

Health. Physical health and mental health are assessed through the Four Rivers Mental Health Facility. The facility makes medical referrals if need be. Referrals are verified by checking with the client to make sure they are complying with the health care provider's recommendations and taking any prescribed medication.

Primary Treatment Provider Overview

The First District Drug Court program has one primary treatment provider, Four Rivers Behavioral Health Center. Four Rivers has treatment offices located in Ballard, Carlisle, Fulton, and Hickman counties. The treatment facility is both a chemical dependency and a psychiatric program.

The treatment facility began working with the Fulton/Hickman Drug Court pilot program in November 1997. During the fiscal year of 1998, the treatment facility located in Fulton County served six pilot Drug Court program clients and in the fiscal year of 1999, eight clients were served. Presently, the Fulton office is serving eight Drug Court clients in what is now the First District Drug Court program. The treatment facility located in Carlisle County served nine Drug Court clients in the fiscal year of 1999 and the treatment facility located in Ballard County served six Drug Court clients. Additionally, the treatment facility located in Hickman County served one Drug Court client in the fiscal year of 1999. A summary of the Drug Court program clients served by each treatment office, of Four Rivers, is depicted in Table 5 below.

Table 5. Number of Clients Served by Four Rivers Behavioral Health Treatment Offices by Locale

Four Rivers Behavioral Health Treatment Office Locale	# Of Drug Court Clients Served Presently
Ballard County	11
Carlisle County	7
Fulton County	10
Hickman County	1

Since the program began working with the First District Drug Court program in the fall of 1997, the services provided have remained unchanged, except for Ballard County. Ballard County originally provided only individual treatment, but now they provide both group and individual treatment.

No staff is solely dedicated to working with the First District Drug Court program and its clients. The Drug Court program has had minimal impact on orientation and/or training of the Four Rivers staff, since the treatment offered to Drug Court clients is similar to that offered to non-Drug Court clients. Initially, working with the Drug Court program did result in additional costs for the treatment facility. Funding to treat Drug Court clients was not received until July 1999. From November 1997 until the federal implementation grant was received in July 1999, Four Rivers supplemented payment of Drug Court treatment fees with use of state monies. Clients of the treatment facility do not pay fees for services received.

There is no set age limit for admission of clients. All populations are eligible for admission into the Four Rivers program. Those clients who may be harmful to themselves and/or others are given highest priority for admission into the treatment program, followed by pregnant females, then the Drug Court clients. Handicapped persons, others involved in the criminal justice system, and homeless people receive the next level of priority admission.

During the last 12 months, Four Rivers has worked with many outside sources. The treatment provider indicated that the working relationship with the Drug Court program and other community mental health centers have been excellent. Working relationships between Four Rivers and public social service agencies; family service agencies; probation and parole; the Court; medical personnel and area hospitals; and other drug abuse treatment programs and providers are also good. The working relationship with police was rated as fair.

Four Rivers receives clients from numerous sources. A majority of the clients seen at Four Rivers are referred from other mental health centers, schools, the criminal justice system, social services, and the Drug Court program. Clients' family, physicians, employee assistance programs, hospitals, and 12-step groups also refer clients.

The treatment provider indicated the main substances of abuse for Drug Court program clients that the facility has served are alcohol and crack cocaine. The percent of Drug Court program clients served with major depression are approximately forty percent and approximately ten percent of Drug Court clients served suffers from bipolar disorder. The in-house psychiatrist at the treatment facility is authorized to prescribe medication to Drug Court clients.

The treatment provider attends weekly meetings with the First District Drug Court program treatment coordinator and case specialist. At the meetings formal reports about the progress of Drug Court clients being served at Four Rivers are presented. If a client's treatment plan needs to be altered, the treatment provider, along with the Drug Court team, will collaborate to make adjustments. If a client has been non-compliant with treatment and/or program rules, the treatment provider, again with the Drug Court team, will make recommendations to the Drug Court Judge. The treatment provider may at any time contact the treatment provider outside of the weekly meeting schedule if there is an update or problem with a Drug Court client. On average, the treatment provider discusses Drug Court clients with the treatment coordinator a minimum of three times per week.

Treatment Program Characteristics

The Four Rivers Behavioral Health Center offers the same services to Drug Court clients as offered to non-Drug Court clients. No special groups or programs have been added to the treatment program. Clinical supervision on cases does not differ for Drug Court clients either.

Recovering substance abusers are employed as regular program staff at Four Rivers to provide treatment services. Recovering staff members conduct individual peer counseling, lead group sessions, and give lectures. The program tries to match all clients systematically with specific counselors based on attitudes, racial characteristics, gender, drug use history, mental health needs, pregnancy status, therapist style, therapist area of expertise, and age. The client's primary counselor matches the client to a specific counselor after the initial assessment is conducted. The client may be transferred to another counselor if needed.

Currently, there is no waiting list at any of the Four Rivers Behavioral Health Centers. The average number of clients for counselor caseload is seventy. The average Drug Court client

caseload is seven per counselor and in the last year the lowest Drug Court client caseload was six. Four Rivers Behavioral Health Center does not provide transportation or childcare services to clients.

Clients with certain characteristics benefit from substance abuse treatment more than others. The treatment provider indicated that clients, who are new to treatment, seek treatment voluntarily, have a polydrug use problem, cocaine use problem, alcohol and other drug use problem, and clients with co-morbid disorders benefit greatly from drug abuse treatment provided by the Four Rivers Behavioral Health Center. Clients with little motivation or desire for treatment; who have an extensive treatment history; are court-ordered or referred by the criminal justice system; whose problems are not yet at a crisis stage; who are in crisis; and clients with housing problems in addition to substance abuse problems may benefit to some extent from drug abuse treatment, as indicated by the treatment provider.

The treatment provider stated that Drug Court clients benefit to a very great extent from treatment. She believed since the Drug Court clients have an agenda along with rules and regulations to follow, they are more likely to comply with the program. Non-Drug Court clients do not face the consequences of judicial sanctions if they do not comply with the program. In turn, they may be more likely to not comply with the program requirements.

Treatment Information and Planning

The primary counselor creates Individual Program Plans (IPP) by the time of the client's third visit to the clinic. This plan is coordinated with the IPP created by the Drug Court program treatment coordinator. Through having two IPPs, the client has the advantage of receiving treatment from two differing perspectives. The Drug Court staff participates in the development of treatment plans through assisting in developing the content and timeline for completion of tasks and also sharing goals of the client's Drug Court IPP.

The IPP is reviewed and revised by the primary counselor at Four Rivers every three months, unless circumstances arise that would require IPP to be updated earlier. Yearly, the primary counselor creates a new IPP. At that point in developing the IPP, detailed discharge goals and objectives are incorporated. Clients' IPPs are individualized to a great extent. Some clients may need more job and/or education skills, while other clients may need assistance with housing issues. The IPPs will reflect the clients' needs and a plan to assist the clients with their problem area(s). Clients do have input into the development of their treatment plans through assisting with the development of the content and goals, along with the timeline for completion of tasks. The clients must also sign an agreement to the treatment plan. After the client's treatment activities have been determined, all treatment activities are considered to be mandatory. Family members do not participate in the development of clients' IPPs.

Counseling, Therapy Approach, and Assessment

Clients at Four Rivers are assessed on the following dimensions: Health; Educational; Psychological; Criminal Activity; Social Support; Family Functioning; Living Situation;

Spirituality; Drug Abuse History; Alcohol Abuse History; Drug Abuse Treatment History; Alcohol Abuse Treatment History; and Psychological/Mental Health Treatment History.

A substance abuse assessment questionnaire is used for all clients, to measure and evaluate clients' needs. (See Appendix H for Substance Abuse Assessment questionnaire). The Michigan Alcohol Screening Tool (MAST) and the Drug Abuse Screening Tool (DAST) are used for some clients. The treatment program at Four Rivers Behavioral Health Center is focused on the individual client from the beginning. The initial orientation between the principal counselor and the clients is geared towards developing trust, self-confidence, and understanding. The facility goes to a very great extent to foster positive behavioral change through encouraging clients to change their previous lifestyle that supported drug-taking, related behaviors, and attitudes. In turn, a great emphasis is placed on clients changing their environment (i.e., friends, living situation, and location).

Treating the individual's basic well-being and building life-skills is stressed at Four Rivers Behavioral Health Center. Without this foundation, recovery would be much more difficult for clients. Practical life-skills are developed through encouraging the client to become self-supportive, improve personal functioning, and to teach coping skills for better life functioning. Cultivating basic education levels is done through referring clients to programs which will assist the clients with developing they're reading and writing skills and also assist with General Education Development (GED) test preparation. The treatment facility also aids clients with job preparation, training, and placement as well as vocational counseling. Some importance is placed on criminal behavior errors in thinking, social functioning, and spiritual growth and spiritual well being. Specialized treatment tracks or groups are not created for clients. Any special needs that the clients may have are addressed during individual counseling sessions.

Clients are treated for social functioning problems, socially acceptable ethics in guiding relationships, and spiritual well being. An emphasis is also placed on improving the client's self-image, self-esteem, and self-confidence. Increasing self-awareness, insight, and understanding are also stressed in treatment.

Group sessions. Group counseling sessions are held once per week. On average, group sessions last one hour to an hour and a half, however, there is no set limit for the duration of group sessions. Generally, there are five to eight Drug Court clients who attend group sessions. No special groups are offered specifically for Drug Court clients; and Drug Court clients attend group sessions with non-Drug Court clients. There is no specific protocol for group sessions; and treatment is completely dependent upon the individual therapist. Group counseling sessions are made available to clients whose schedule does not permit participation in scheduled sessions or on particular days.

Individual Sessions. Individual sessions are also conducted at least once per week with clients. Clients are encouraged to schedule individual sessions. However, clients may have unscheduled individual sessions if needed. There is no specific protocol for individual sessions; and treatment is completely dependent upon the individual therapist. The primary treatment provider for individual sessions is the client's principal counselor. Individual sessions typically

last 45 minutes, however, as with group sessions, there are no set limits of treatment time. Four Rivers does provide informal and unscheduled counseling to clients if needed. Individual counseling is made available to clients whose schedule does not permit participation in scheduled sessions or on particular days. Clients may also be seen in off-hours by treatment staff if the clients call the facility's crisis line and need assistance.

Topics addressed during group and individual sessions include treatment issues, such as, plan development and revisions, crisis intervention, and rules and procedures. Drug issues covered include addiction and drug dependence, alcohol problems, and relapse prevention. Conflict resolution, addressing fears and identifying feelings, addressing self-esteem issues, and depression and anxiety are psychological issues that typically are covered during sessions. Social issues such as work/education skills, financial issues, legal problems, and relationships with family and friends are also addressed. Health issues such as diseases, AIDS information and prevention, as well as mental health evaluations are also frequently addressed during group sessions.

Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are a mandatory part of the Drug Court clients' treatment plan. Initially, Drug Court clients are required to attend AA and NA meetings four to five times per week. After the clients make considerable progress, their mandatory attendance of AA and/or NA meetings may be reduced. AA and NA meetings are held in Carlisle, Hickman, and Fulton counties. The Fulton meetings offer a noon and evening session. The meetings held in Carlisle County are held once per week. There are also AA and NA meetings held in Paducah and Mayfield, Kentucky. Clients attend the location that is closest to their residence.

The treatment programming at Four Rivers greatly emphasizes abstinence from marijuana, alcohol, and illicit drug use. However, long-term cessation from smoking is not stressed. Relapse prevention for clients and learning to cope with relapse triggers are major parts of treatment. The following actions are employed by the treatment facility in the event that a Drug Court client has a positive drug test: (1) Verbal reprimands; (2) Revision of treatment plans; (3) Court pressure; and (4) The Drug Court team deals with sanctions. The treatment facility also employs pressuring the client's family to some extent, in order to get the client to comply with the program.

Four Rivers Behavioral Health Center places a major emphasis on supportive group therapy, confrontational group therapy, task-oriented and problem-solving group sessions, 12-step programs, supportive individual counseling, individual psychotherapy, individual behavioral therapy, and cognitive behavioral therapy. Some emphasis is also placed on family therapy, milieu therapy, and reality therapy.

Four Rivers Behavioral Health Center does not have a cocaine detoxification program available on site. Baptist Behavioral Health Care Center in Union City, Tennessee and Lourdes Hospital in Paducah, Kentucky do have detoxification programs and are accepted as referrals of Drug Court clients.

Client Participation and Responsibility

Peer pressure is used to some extent at Four Rivers to intentionally induce Drug Court clients to conform to the program's rules and/or goals. Clients, who have been in the program longer, often mentor new clients to assist them in the adjustment process. Verbal reprimands, loss of privileges, and family pressures are also used in order to coerce Drug Court clients to conform to the program's rules. Drug Court may also sanction clients if they are not conforming. The treatment provider will bring any issues of non-compliance up at the weekly staff meetings.

The policy and procedure for discharging Drug Court clients from the Four Rivers treatment program for failure to comply with the rules differs from the discharge procedure followed for the general population clients. Drug Court clients are in the Court system and must in turn face sanctioning or sentencing from the Drug Court Judge.

The treatment provider commented that Drug Court clients regularly keep their counseling appointments and participate in other scheduled program activities

Family involvement is also emphasized at Four Rivers Behavioral Health Center. At least seventy-five percent of Drug Court clients have one family member or representative actively involved in their treatment. Family interventions offered by Four Rivers includes: family therapy, family meetings, individual counseling for family members, substance abuse education, referrals for family members, and multifamily therapy. Also, clients' family members often times have substance abuse problems or emotional problems themselves and they are referred to an appropriate treatment program at Four Rivers.

Service Standards

The treatment facility is required to meet state licensing treatment standards for services to clients. These standards specify minimum levels of treatment for the following: Intake assessments; Psychological evaluation; Treatment Planning; Progress notes; Medical services; Client records; Individual, group, and family counseling contact hours; Counselor caseloads; and Confidentiality standards.

Four Rivers offer numerous treatment services to Drug Court clients on site. Included in the on-site programming are: psychological treatment, financial counseling, legal counseling, and family counseling.

Clients may be referred for other services, not offered at Four Rivers, if necessary. The client's primary counselor usually initiates the request for referral services. Referrals for services are prompted by the client's need for a service not offered by the treatment facility or Drug Court program. The team of counselors usually reviews the client's case and determines whether a referral would be appropriate. The Drug Court always monitors referrals through phone calls to the referral source or receipts presented by the client.

Clients can receive the following services by referral: detoxification, methadone maintenance, AA/NA 12-step programs, acupuncture, hypnosis, case management, bio-feedback training, transcendental meditation, token economy, health care organizations, HIV testing, and TB testing. Medical referrals are made if needed, as are educational and vocational services. The treatment provider stated that is somewhat difficult for clients to find or get the following services outside of the treatment facility if they do not have insurance. The services included: physical or dental exams, medical or dental care, glasses or hearing aids, admission into a hospital or clinic, medication, diet or nutritional advice, exercise or physical fitness protocol, prenatal care, postpartum care, and pediatric/well-baby care. HIV/AIDS and TB testing are not difficult services to obtain. Medical detoxification services are very difficult to obtain, as is location of stable housing.

Educational aspects are not difficult for clients to obtain. Vocational aspects are somewhat difficult for Drug Court clients to obtain. Those vocational aspects include: job search counseling, resume writing, interviewing skills, job referral assistance from public agencies, assistance from private agencies, job placement, vocational/employment assessments, vocational counseling, and vocational skills training. Emergency or other special purpose funds, financial counseling, assistance with budgeting and money management, assistance from outside agencies, and concrete services such as food and clothing, are somewhat difficult for Drug Court clients to obtain. Legal services, such as representation in a civil or criminal case, assistance with probation/parole, assistance with non-court legal matters, and legal aid, are not difficult for clients to obtain.

Counseling for problems with one's spouse or partner, parenting, childcare, or childrearing, counseling for problems with parents, sex education or sexuality counseling, family planning, and death or bereavement counseling are all not difficult for Drug Court clients to obtain. Continuing care, such as follow-up counseling and 12-step groups is not at all difficult for clients to obtain.

Emergency counseling is not difficult for clients to obtain. However, head Start and other preschool, weekend outings, wilderness experiences, transportation, and homemaking skills are somewhat difficult for clients to obtain.

Acupuncture, CES (Cranial Electro Stimulation) or NET (Neuro-Electric Therapy), biofeedback, amino acids, hypnosis, and therapeutic touch are not available to clients.

Based on the treatment provider's general knowledge and experience, it was indicated that of the services offered on site, 100% of clients in the last year took advantage of the legal services and continuing care. Fifty percent of clients utilized the family services available, 40% of clients utilized the financial services, 30% used the vocational services, and 10% of the clients used the psychological services.

Treatment Philosophy

The treatment provider rated the following statements about the view of addiction and recovery as extremely important: substance abuse reflects a more general problem in coping;

substance abuse had its roots in other more general developmental or psychological problems; recovery involves global changes in identity, behavior and lifestyle; right living, including self-reliance and positive social and work-related attitudes, is crucial to the recovery from substance abuse.

The treatment provider noted that the following statements about the treatment approach and structure are very important: staff members function as members of the community who reinforce community values, confront breaches in accepted behavior, and serve as role models for others; clients, particularly senior residents, function as members of a community, sharing responsibility for maintenance and health of the community values, and serving as role models for others; and the program teaches good health practices, including regular physical examinations, health education, and AIDS prevention training. Somewhat important aspects of the treatment approach, indicated by the treatment provider, were that the treatment approach centers on a member's participation in the community and there is an emphasis on structure, including a full program of mandatory daily activities and meetings, rules for behavior, and clear consequences for breaking these rules.

The treatment provider believed that the role of peers as gatekeepers, the role of mutual help among peers, the role of enhancement of community belonging, and the role of community/clinical management for privileges, sanctions, and surveillance are very important.

The role of education and training in the treatment process was evaluated. The treatment provider stated that therapeutic educational elements and work as therapy are very important. The treatment provider also believed that formal educational elements are somewhat important.

The treatment provider believes that general therapeutic techniques, groups as therapeutic agents, counseling techniques, and the role of the family are very important.

The treatment provider stated that stages of treatment, the introductory period, the primary treatment stage, and the community reentry period are somewhat important.

Discharge Procedures

Successful completion of the treatment program at Four Rivers entails meeting all goals included in the treatment plan and sustaining sobriety. The treatment provider expects that 90% of the Drug Court program clients will achieve the discharge criteria to complete the program and graduate from the First District Drug Court program. To date, the treatment provider estimated that 90% of the Drug Court clients being treated at Four Rivers have maintained a level of progress that should eventually lead to their successful completion of the Drug Court program. Three clients graduated from the First District Drug Court program on May 4, 2000.

Two drug court clients were discharged from the program because of drug use and non-compliance to program rules. Reasons why Drug Court clients are discharged from the program usually include the following: (1) Client did not comply with treatment; (2) Client was not ready for treatment; and (3) Client was not motivated to change. Other reasons included that the client sought treatment too late and the client received new charges. Other factors, such as clients not

being able to change, services were unavailable to meet client needs, treatment was not intensive enough, or Drug Court being too difficult have not been factors in clients failing to complete program requirements.

Reasons for discharging Drug Court clients from the Four Rivers treatment program include the following: (1) Use of illicit drugs; (2) Missing counseling sessions; and (3) Violation of program rules or regulations. Clients may also be discharged from the treatment program due to involvement in illegal activity and being arrested for a new crime. The treatment provider noted that a client will not be discharged for one positive drug test, however, if there is an established pattern, then discharge will be recommended to the Drug Court program.

In ruling to discharge a Drug Court client from the Four Rivers treatment program due to successfully completing the program, the treatment provider will meet with Drug Court staff to discuss the progress and status of said clients. The same procedure is followed for discharging those Drug Court clients whom were unable to successfully complete the treatment program (e.g., for use of illicit drugs, missing counseling, or therapy sessions).

There is no policy at Four Rivers Behavioral Health Center regarding readmission of clients discharged for rule infractions. Formerly, those clients could return to the program after a six-month waiting period, but that rule no longer applies. Those clients who were not discharged for rule infractions, may only return after a six-month waiting period, however, some exceptions are made.

Additional Comments

The treatment provider commented that the most significant benefits of the First District Drug Court program were the increased community involvement and participation; the increased referral of new clients and increased funding at Four Rivers Behavioral Health Center; the closer relationship with the legal system; and the opportunity to make a difference. The treatment provider also noted that the Drug Court clients comply more with treatment programming than do non-Drug Court clients. She believed this was mainly due to the sanctioning process.

Strengths of the First District Drug Court program listed by the treatment provider included: (1) Drug Court is an intensive program which addresses all problem areas and monitors the participants closely; (2) The accountability of the program; (3) The duration of the program; (4) The excellent support by Court and coordinator for the clients; (5) The program gives chemically dependent individuals a chance for a normal life; (6) Drug Court provides clients with a safe environment to recover; (7) Drug Court increases client and community knowledge about drug and alcohol problems; and (8) Drug Court teaches clients how to maintain abstinence. Areas in which the treatment provider believed the First District Drug Court program could improve upon was that meetings with all providers should be arranged more frequently to improve communication between them; multi-county meetings should be held to discuss needs; random drug screens should be implemented; and improvement of the available transportation to and from the Four Rivers district for the clients. It is difficult for some clients to attend meetings due to a lack of transportation. However, neither Drug Court nor Four Rivers has available funding to provide transportation for Drug Court clients.

The treatment provider offered the following advice to counterpart agencies beginning to work with Drug Court programs, “Include all aspects and agencies in the initial planning, be involved from the start, visit other programs, and be patient and wait until the bugs are worked out.”

Treatment Modalities Used

The First District Drug Court program is unique in that it is mostly rural. The rural area allows the Judges, treatment coordinators, and others who will have direct contact with the Drug Court clients a greater knowledge of the client and the community in which the clients live. Thus, they are able to better focus on the individual’s treatment needs. Further, the Judges’ greater familiarity with the clients’ history and families grants the Judges greater insight into how to direct the client through the Drug Court program. The counties’ caseloads are smaller than more urban areas. This schedule allows the Drug Court Judges to meet with Drug Court clients often and extensively for unscheduled and informal counseling. Clients are also given the Drug Court Judges’ home phone numbers, which they may call for emergency counseling or advice. Emergency counseling is also available for clients through the Four Rivers Mental Health facilities and from the treatment coordinator.

The following table represents the different treatment and program modalities that are used in the First District Drug Court program and Four Rivers Behavioral Health Center. As indicated, many of the treatment and program modalities described in the table below are used as needed and on an individualized basis.

Table 6. Treatment Modalities

TREATMENT COMPONENT	RATING*	DURATION	SESSIONS	WHERE PROVIDED	SHOULD BE ADDED OR DROPPED	COMMENT
Substance Abuse Treatment Components						
Detox	5	As needed	As needed	Drug Court or treatment facility		
Methadone maintenance	N/A	N/A	N/A	N/A	N/A	N/A
Medical treatment (e.g., prescription drugs)	5	Entire program	As needed	Health Dept.		
Individualized treatment plans	5	Entire program	Varies	Drug Court and treatment provider		Drug Court addresses Drug Court goals and Treatment prov. Addresses personal goals.
Staged recovery process model or “treatment matching” model	5	Up to six months transitional, one year or 30 day residential.	Varies	Fuller Center or Freedom Center in Paducah, KY for men		Dictated by clients needs and progress.
Relapse prevention model	5	Entire program	Ongoing	Drug Court and treatment provider		Extremely important component.
Substance abuse education	5	1—2 hour sessions	2—8; Varies	Drug Court And treatment provider		Takes place in Phase I and II and late in Phase III.
AA/NA type 12-step model	5	Entire program	On going	Four River counties; treatment provider; NA only in Carlisle County		
Self-help therapy using a manual or diary	5	Entire program		Drug Court and treatment provider		Good learning tool.
Acupuncture/Acupressure	N/A					N/A
Hypnosis	N/A					N/A
Other drug/alcohol treatment						

* 1=Not at all critical 2=Not critical 3=Not sure 4=Critical 5=Extremely critical

<i>TREATMENT COMPONENT</i>	<i>RATING*</i>	<i>DURATION</i>	<i>SESSIONS</i>	<i>WHERE PROVIDED</i>	<i>SHOULD BE ADDED OR DROPPED</i>	<i>COMMENT</i>
Management of Services						
Casework (extends beyond case management and includes active integration of the care provided, counseling from a social work perspective, and involvement with the client's family)	5	Continuous	Varies	Drug Court and treatment provider		Available if necessary; Family involvement at request of client.
Advocacy for obtaining services/benefits for the client (e.g., unemployment benefits)	3			Drug Court		Unsure at this point.
Mental Health Services						
Individual Counseling	5	On going	Varies	Drug Court and treatment provider		
Scheduled group therapy or group counseling	5	On going	Weekly and varies	Drug Court and treatment provider		
Family therapy	5	On going	Varies	Drug Court and treatment provider		
Art or recreation programs as therapy	4				Added	Recreation will be added at a later date.
Housing Services						
Housing assistance	4	On going		Housing Authority		
Halfway house	5			Fuller Center or Freidman Center in Paducah, KY for men		A local halfway house needs to be added to the program.
Education						
Education (academic or remedial focus)	5	On going			Added	
Vocational skills training	5	On going				As able and needed.
Readiness for vocation	5	On going				As able and needed.

* 1=Not at all critical 2=Not critical 3=Not sure 4=Critical 5=Extremely critical

<i>TREATMENT COMPONENT</i>	<i>RATING*</i>	<i>DURATION</i>	<i>SESSIONS</i>	<i>WHERE PROVIDED</i>	<i>SHOULD BE ADDED OR DROPPED</i>	<i>COMMENT</i>
Employment						
Work release	4					Not sure at this time.
Employment counseling	4					Not sure at this time.
Other Training						
Social skills development training	5	As needed	Varies	Drug Court and treatment provider		Client driven.
Problem solving skills training	5	As needed	As needed	Drug Court and treatment provider		Client driven.
Life skills training	5	As needed	As needed	Drug Court		Client driven.
Parenting classes	5	On going	Varies	Treatment provider		Available if necessary
Cognitive behavioral (e.g., teach self-reinforcement)	5	As needed	Varies	Drug Court and treatment provider		Client driven.
Training in anger management or aggression management	5	Varies	Varies	Drug Court and treatment provider		Client driven.
Stress management	5	Varies	Varies	Drug Court and treatment provider		Client driven.
Biofeedback training	3					Unsure at this time.
Relaxation methods	5	Varies	Varies	Treatment provider		
Transcendental meditation	3					Unsure at this time.
Thinking errors approach	5					Client driven.
Moral or ethical training	5			Drug Court		Will do didactic training.
Other Components						
Mentoring or big brother	3	Phase III and aftercare		Drug Court		Unsure at this time.
Book reports	5	Entire program		Drug Court		
Good deed reports	5	Entire program		Drug Court		
Journaling	5	Entire program		Drug Court		

* 1=Not at all critical 2=Not critical 3=Not sure 4=Critical 5=Extremely critical

<i>TREATMENT COMPONENT</i>	<i>RATING*</i>	<i>DURATION</i>	<i>SESSIONS</i>	<i>WHERE PROVIDED</i>	<i>SHOULD BE ADDED OR DROPPED</i>	<i>COMMENT</i>
Other Components continued...						
Contingency contracting (combines both rewards and punishments for specific named behaviors)	5	Entire program		Drug Court		
Token economy	3					Unsure on adults; will use with juveniles.
Health						
Health care (medical, dental)	5	Entire program		Primary care or Health Dept.		Client driven.
Referrals to health care organizations	5	One time	One time	Treatment provider		Client driven.
Physical exercise	5	As needed	As needed			Client driven.
HIV testing referral	5	As needed	As needed	Primary care or Health Dept.		
TB testing referral	5	As needed	As needed	Primary care or Health Dept.		

* 1=Not at all critical 2=Not critical 3=Not sure 4=Critical 5=Extremely critical

Other Program Components

The Fuller Center in neighboring Graves County, offers a 28-day in-patient short-term treatment program to serve Drug Court clients. The First District Drug Court program is hoping in the future to incorporate another facility that will have intense day treatment and a local halfway house to better meet the needs of clients. A women's group has been instituted as part of the treatment plan and a men's group now receives a mental health component, in Ballard and Carlisle counties.

In addition to each of the treatment components, community service, mentoring, and long-term recovery are used by the First District Drug Court program. The First District Drug Court program treatment coordinator is also willing to be flexible in order to meet individual needs of clients.

Community Services. Community service is used both as a sanction and as an added program component for some individuals. If the client is unemployed and are able, he or she is required to do community service. Community Service opportunities available to clients include working in the county detention centers, county Courthouses', the Carlisle Senior Citizens Center, local fire departments, and doing light maintenance at the Columbus Belmont State Park.

Mentoring. Mentoring is both formal and informal for clients of the First District Drug Court program and is conducted by the Drug Court clients' peers in the program. Phase II

employs the informal mentoring and phase III entails formal mentoring. Mentoring sessions are held once per week at the Carlisle County AA/NA Drug Court meeting.

Alcoholics Anonymous/Narcotics Anonymous. Long-term recovery is a program goal that is stressed to each of the clients. Heavy involvement in AA or NA is required. Clients must attend meetings at AA and/or NA each week, in each of the three phases and maintain a full-time AA and/or NA sponsor with whom the client has regular contact. AA meetings are available in all four counties, however NA is only available in Carlisle County.

Client Contact

Clients have contact with a variety of program components on a regular basis during Phase I of the First District Drug Court program. The frequency of contact they have with various program components changes as they move through the program phases. The treatment coordinator and/or the treatment provider determine the frequency of individual and family-counseling clients may need. A summary of client contact by program component is presented in the following table. The table reflects current numbers of contact with components of the program, for the most part, in Phase I. However, due to the infancy of the First District Drug Court program, some numbers reflect estimations of what the future frequency of contact with certain Drug Court program components may be for phase II, phase III, and aftercare clients. Asterisks are used to indicate estimated projections of the client contact with the Drug Court program components.

Table 7. Summary of Client Contact with Program Components

	PHASE I		PHASE II		PHASE III		AFTERCARE	
	# Times	Per	# Times	Per	# Times	Per	# Times	Per
AA/NA	4—5	Week	3—4*	Week	2—3*	Week	1*	Week
Substance abuse individual counseling*	1	Week	2*	Month	1*	Month	1*	Every other month (tentatively)
Substance abuse group counseling*	1	Week	1*	Week	1*	Week	1*	Month (tentatively)
Other individual counseling*	As directed by mental health or by treatment coordinator							
Other group counseling	1	Week	2*	Month	2*	Month	1*	Month
Family counseling	As directed by mental health or by treatment coordinator							
Job counselor	As needed							
Drug Court Staff	2—3	Week	1—2*	Week	1*	Week	1*	Month
Drug Court Judge	1	Week	2*	Month	1*	Month	1*	Unsure
Probation Officer	As directed by probation office							
Case Worker	1—2	Week	1*	Week	1*	Week	1*	Month
Drug Testing*	3—4			Week			Minimum of 2 times per week or one Patch test	
Defense Council	As needed							

*Asterisks represent the minimum contact clients may have with those program components.

As the table indicates, the client contact for each of the different program components varies by phase and, to some extent, is based on individual need. In general, clients have contact with Drug Court staff three times per week in Phase I, two times per week in Phase II, and once a week in Phase III. Clients also generally have contact with substance abuse treatment counseling once a week in Phase I, two to three times per week in Phase II, and once a week in Phase III.

Relapse Patterns

As of September 20, 1999, 7 clients had relapsed in the First District Drug Court program. Nearly five percent of clients tested positive for substance use in phases I and II. The treatment coordinator believes that typically ten to fifteen percent of clients will relapse in phases I and II. The treatment coordinator also indicated phase promotion could possibly result in client relapse. Further, if clients encounter other substance users or frequent old hangouts, which is highly probable in a rural area, the treatment coordinator believed relapse would likely be triggered. The treatment coordinator indicated alcohol is the substance that several clients will most likely relapse due to the availability. Relapse prevention is incorporated throughout the First District Drug Court program treatment and aftercare.

Client Monitoring

The Drug Court Judges, the Drug Court treatment coordinator, and case specialist monitor clients on an individual basis and through drug testing. The treatment facility monitors clients through individual and group sessions.

Urine Drug Testing. One of the most important ways clients are monitored in the Drug Court program is through drug testing. The Drug Court treatment coordinator and case specialist conduct the drug testing. Also, the county jails and the police are enabled to handle some of the drug testing. The treatment facility conducts drug testing only when a request is made, which on average, is less than one time per month. The Fulton County Jail uses the urine test, which tests for opiates, amphetamines, cocaine, marijuana, and phencyclidine (PCP). Patch tests are used primarily in phases II and III and test for opiates, cocaine, marijuana, and PCP. Law enforcement is used to administer Breathalyzer tests in order to detect alcohol use by the client if it is suspected that the client has been using alcohol. Also, the treatment coordinator uses urine and saliva tests to detect alcohol use by clients. The treatment facility uses four-panel and five-panel urine tests. The four-panel test is used to detect opiates, amphetamines, cocaine, and marijuana. The five-panel test is used to detect those substances detected by the four-panel test as well as PCP. The number of urine screens conducted each week remains consistent, however the days on which clients are scheduled to be tested vary. The first drug test is generally administered to the client at the first court appearance. If the treatment coordinator receives phone calls regarding substance use by one of the clients, from people such as a family member or community members, testing will be done as soon as possible. Initially, the First District Drug Court program did not cover costs of drug testing and required clients to pay for their own drug testing by charging a monthly fee. Now the program covers all drug testing fees. The average cost of a drug screen is \$10.00 at the treatment facility and \$14.00 at county jails.

Alcohol and drug use. Within the program, alcohol and drug use is not tolerated. If participants are required to take prescription drugs, they must be non-narcotic if possible, and the client must take the prescription only for a short term. The client must also present written proof of the prescription to the Drug Court treatment coordinator.

Sanctions and Rewards. Sanctions are applied on a case by case basis according to progress of the client. The Judges and Drug Court staff have the most input into sanctions, with some input from the treatment provider as well. Further, the Drug Court staff and Judges have a good rapport that enables them to communicate effectively in regards to the sanctioning of Drug Court clients.

Clients who have positive urine tests, do not attend meetings, are not working, or who lie to the Drug Court Judge or Drug Court staff, will be sanctioned. The possible sanctions include community service, increased court sessions, jail time, and admission into the 28-day inpatient treatment program at the Fuller Center in Graves County. The First District Drug Court program, as a rule, does not use actual demotion to a lower phase as a sanction; the treatment coordinator believes demotion would only serve to shame and embarrass the client. If the client is sanctioned, they may have to complete requirements of a lower phase, without actually being

demoted. For example, clients may be required to attend the Drug Court sessions of a lower phase for a period of time.

Clients who comply with program rules are rewarded. Rewards are not specific to each achievement. Phase promotion is the major reward for program compliance. Clients may also be permitted to skip a Drug Court date or meeting as a reward for compliance, under certain circumstances.

Case Disposition. In exchange for successful completion of the First District Drug Court program, the Court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these. If a client fails to complete the Drug Court program, the client will serve the remainder of the initial sentence in prison or jail.

Graduation. The minimum time for graduation is 18 months. Clients must successfully complete the treatment program, maintain stable living conditions, complete the education requirement, and produce clean urine screens for at least six months before graduation. Unless a client is on Social Security Insurance, they must also maintain employment throughout the program. Further, clients must successfully complete Individual Program Plan goals and pay all costs. If all requirements are met, clients apply for graduation and complete exit interviews, both oral and written.

To date, no graduations have taken place in the First District Drug Court program. Police representatives, local politicians, defense and prosecuting attorneys, representatives from Pre-Trial Services, representatives from the Administrative Office of the Courts, the Drug Courts Manager, all Drug Court clients, and clients' families and friends will all be invited to attend graduations. Judges from other jurisdictions and anyone else interested in the Drug Court program may attend graduations as well. The graduation will be a large celebration and reception held at the Courthouse. Clients will be presented with special rewards at the graduation ceremony along with a certificate of completion.

Program Removal. A client may face removal from the program if new non-drug or drug charges are filed. However, circumstances surrounding the situation are taken into consideration. Other reasons for removal from the program include: flagrant non-compliance, client requests to leave the program, and if the client assumes fugitive status. If a client demonstrates a total inability or refusal to comply with program or treatment facility rules, they will be removed from the Drug Court program. The Judge will notify clients of failure during the subsequent Drug Court session. If those clients in the Drug Court program, on shock probation are removed from the program their probation will be revoked and they will be sentenced to serve the remaining time of the original sentence. All clients in the program have signed guilty pleas and are sentenced at the onset; in turn, if the client is terminated from the program they will be sentenced to serve the required time.

Aftercare

No clients of the First District Drug Court program have entered the aftercare phase of the program to date. Clients undergo aftercare for six to twelve months after graduating from the First

District Drug Court program. This post-release component is formally structured and monitored by the Drug Court staff. Sentences are not disposed of until aftercare is completed. Urine drug screens are used to monitor clients for a period of time during aftercare. A newsletter, alumni groups, AA/NA meetings, and individual therapy, and relapse prevention are all planned for the aftercare components of the First District Drug Court program. Mentoring will also be conducted informally at this stage in the Drug Court program. Clients are required to mentor another client in a lower phase. Clients may also be asked to speak in the community, such as at local schools and community civic group meetings, such as the Lion's Club, about the Drug Court program and the problems of substance abuse. Upon completion of the aftercare, Drug Court does not mandate that clients fulfill any special requirements other than the stipulation that they report back to Drug Court staff for statistical purposes.

Information Capabilities and Reporting

The treatment coordinator uses the ASI, a computerized assessment tool to evaluate client's substance abuse and needs. This enables the treatment coordinator to generate a written summary of the client's history and needs, as well as highlighting potential problem areas. The Drug Court Judges use the ASI reports to familiarize themselves with the clients and their history. Reports about the Drug Court program in general are made available to Judges and the Administrative Office of the Courts Drug Courts Manager and Drug Court Field Coordinator. The program is able to generate reports on the termination and transfer of participants on monthly statistical reports. Reports contain why the client was terminated and/or transferred.

Regular reports about Drug Court clients are made to the Administrative Office of the Courts on a monthly basis. Case note reports are made on a regular basis to the Drug Court Judges using assignment sheets and other information. Nearly all of the client reports given to the Judge are made orally prior to the Drug Court session. However, if a problem with a client arises that needs immediate attention, the treatment coordinator or case specialist may contact the Judge in person or by phone. Public defenders and anyone involved in a specific client's case can have access to reports about specific Drug Court clients. However, no confidential information about Drug Court clients is given to people other than the Drug Court Judge, treatment providers and the clients' families. No information is provided without the client's consent.

Participants' progress reports are made verbally to the Judges by the Drug Court staff. Included in these reports are the following: urinalysis results, record of treatment attendance, appearance for urinalysis, appearance for court hearings, notes on participants compliance with court ordered conditions, counselor notes, treatment provider notes, criminal history, and personal history. Negative urine drug screens are especially noted.

Aggregate status reports are produced on a monthly basis. Monthly aggregate reports include number of candidates referred, assessed drug screens, number of candidates eligible, and number of clients transferred. Also reported are: Number of participants graduated to each phase; Number of court sessions; Number of participants identified as using based on drug screens; Number of individual sessions and group sessions; Number of family/support sessions; Number of participants in educational pursuit; Number of employment, education, and housing verifications; Amount paid toward court obligations; Number of sanctions; Number of participants re-arrested for new charges; Number of terminations; and Total number of active participants in the preceding month (See Appendix I for

examples of monthly statistical reports). Quarterly reports summarize monthly statistics and the progress toward program goals and measures outlined in the Program Goals section of this report. However, since the First District is in the initial stages of implementation no quarterly reports have been produced.

Program Funding

The First District Drug Court is funded by a federal implementation grant. Drug Court clients do not pay fees to be in the program. Clients are still required to pay child support, any restitution fees, jail fees, fines, and/or probation fees. Some expenses are saved due to the fact that the Fulton County Jail administers drug screens at cost but most drug screens are conducted with Drug Court kits, by the treatment coordinator and case specialist. Cost sharing is done with the probation and parole offices. Many clients have to undergo drug testing through probation and parole as well as the Drug Court program. In order to save on testing costs, the Drug Court staff communicates with probation and parole staff in order to avoid repeat testing on the same days.

Evaluation

The following are currently used to assess the effectiveness of the First District Drug Court program: Number of relapses per client; Percentage of clean urinalysis; frequency of new arrests; Improved coordination of justice system and social services; Better use of time; Regaining custody of children; Reduction in probation violation caseloads; Recidivism; Cost; Retention in program/treatment; Time in custody; Participant progress in education development; Employment status; Stable living conditions; Reunified families; and the Birth of drug free babies. Currently, an outcome evaluation is not planned.

Major Problems

The First District Drug Court program encountered problems with attaining funding in which to implement the Drug Court. Obtaining funding was a slow process that was frustrating for all involved.

Program Strengths

One of the most useful components of the First District Drug Court program is the treatment aspect. Four Rivers Behavioral Health is the main treatment agency in the area. The area served by the First District Drug Court program had two residential treatment programs available in the past, and Charter Behavioral Hospital, which was located thirty miles away from Fulton County and has recently closed. Therefore, the First District Drug Court program is available to an area with otherwise very limited treatment resources. Further, The First District Drug Court program gets people to admit that there is a drug problem in the community, thus helping fight the battle against substance abuse through community support.

Potential Program Changes

Community and client needs will determine any future changes made to the Drug Court program. The treatment coordinator commented some fine-tuning needs to be done to the program. However, due

to the limited number of staff, some changes aren't feasible. For instance, the treatment coordinator would like to add more didactic group sessions, but due to limited staff that would be a problem. Any changes to the program will be documented in the meeting minutes between the Drug Court Judges and staff.

Advice to Other Drug Courts

Advice imparted by the First District Drug Court treatment coordinator includes "be flexible, be humane, and firm" and "go according to client needs."

One Judge offered the following advice to other Drug Court programs. "Judges who are starting up: be patient, give it [Drug Court] a chance to work, there will be failures [but you] will see the benefits of the program."

Staff Characteristics

The Drug Court program has 2 staff members, one white female and one white male. One staff member does not have any experience with substance abuse treatment, but worked in the corrections field while in the military. The other staff member has fourteen years of experience in the substance abuse field. One staff member has a Master's Degree in counseling and the other staff member has a Masters Degree in Public Administration. The treatment coordinator has been with the program since the planning of the pilot program began in April 1997. The case specialist has been with program since October 1999.

The Drug Court staff is part of the Drug Court team. The Drug Court team also consists of the Judge, the treatment provider, prosecuting and defense attorneys, and law enforcement. The treatment provider, Four Rivers Behavioral Health, is responsible for the substance abuse treatment of the Drug Court clients.

The normal full-time workload is 37.5 hours per week. However, the Drug Court staff often modifies work schedules in order to meet with clients. The First District Drug Court Program employs a treatment coordinator and one case specialist. The treatment coordinator was interviewed for the administrative portion of the process evaluation and the case specialist filled out a survey concerning the First District Drug Court Program staff. Each Drug Court staff member is fully funded by the Drug Court program. The following table depicts both the treatment coordinator and case specialists tasks.

Table 8. Tasks by Drug Court Staff Position

Drug Court Staff Position	Task
Drug Court Coordinator	Agency Coordination
	Assessments
	Group therapy
	Individual therapy
	Information management
	Background checks
	Case management
	Drug testing
	Program reviews
Case Specialist	Case Management
	Contact with employers
	Monitoring fines and fees
	Probation & Parole supervision role
	Assist with client communication skills
	Home and work site visits
	Drug testing
	Attends Drug Court sessions

The Drug Court coordinator performs the ASI screenings for potential clients who are referred to the program. The case specialist has twenty-nine clients on his full-time caseload and mainly monitors clients and assists in contacts with clients.

The case specialist spends an adequate amount of time with clients. He believed counseling and spending time with the clients were the most critical aspects of the Drug Court program.

Staff Training. Staff is trained by attending a number of Drug Court training sessions around the country and throughout the state of Kentucky. The Kentucky Administrative Office of the Courts also conducts training seminars, sometimes in conjunction with the police. The staff also confers with the Drug Court Judges to obtain ideas about how the First District Drug Court should be structured.

Judges. Currently, two Judges work with the First District Drug Court Program, Judge Whitesell and Judge Myers. Judge Whitesell has worked with the program since Judge Paitsel was not re-elected to office. He has attended other Drug Court programs in order to prepare for the First District Drug Court Program. Judge Myers began working with the First District Drug Court program with Fulton and Hickman counties. Judge Shodoan refers clients to the Drug Court program from Circuit Court.

Interns. Currently, no interns work with the First District Drug Court Program. The treatment coordinator noted that the possibility of using interns may be examined later in the program.

Volunteers. The First District Drug Court Program has not used volunteers to date. However, the treatment coordinator noted the opportunity is available to utilize volunteers.

Drug Court Committee. The pilot Drug Court program had a Drug Court committee that met eight to ten times to plan the Drug Court program. The pilot Drug Court committee members were:

Table 9. Fulton—Hickman Pilot Drug Court Committee Members

Members	Agency
Judge Paitsel	District Court
Phyllis Teeters	Treatment coordinator
Leann Puckett	County Attorney
Joe Johnson	Public Defender
Law enforcement representatives	Fulton County Sheriff's Office

The treatment coordinator believes the Drug Court committee will be reinstated in the future. The future committee will probably consist of the Drug Court team, law enforcement, public defenders, prosecuting attorneys, other judges, treatment providers, and any other concerned parties having contact with the Drug Court program and the clients. Presently, there are monthly meetings between Drug Court Judges and the treatment coordinator. On occasions other interested parties have attend the meetings.

Community Agencies

The First District Drug Court Program utilizes community organizations for some resource support. The contact with these resources helps to spread a positive image of the First District Drug Court Program in the community. The Drug Court Judges and treatment coordinator have spoken to various groups, such as the Lion's Club and local schools, concerning the program. Building community familiarity and support of the program will allow clients to have an easier acceptance back into the community. The following table presents the community organizations with which the First District Drug Court Program works.

Table 10. Community Linkages

Organization	Service
Four Rivers Mental Health Facility	Treatment facility
County Health Departments	Medical needs
Alcoholics Anonymous	Support group for alcoholics
Narcotics Anonymous	Support group for drug addicts
Bureau of Vocational Rehabilitation	Job services
Housing Authority	Housing needs
Vocational Rehabilitation in Paducah and Murray	Educational and job training needs
Greater Four Rivers County Development Corp	Educational and job training needs
Ballard County Vocational Education	Educational and job training needs
Adult Education Program	Educational and job training needs
Manpower Services	Educational and job training needs
Carlisle County Senior Citizens Center	Provides facility and community service outlet
Fuller Center, Mayfield, KY	28 day in-patient treatment
Freidman Center, Paducah, KY	Transitional living for men
Faith communities	Counseling

Client Characteristics

As of February 29, 2000, four clients were in Phase I of the First District Drug Court Program. Sixteen clients were in Phase II of the program. Nine clients were in phase III. Three clients graduated from the First District Drug Court program May 4, 2000. The following table summarizes current client characteristics as of February 29, 2000:

Table 11. Current Client Characteristics

CHARACTERISTIC	MALES N=19	FEMALES N=9	TOTAL/AVERAGE N=29
Ethnic Background			
White	16	6	22
Black	3	3	6
Hispanic		1	1
Age Groups			
Youngest	18	19	18.5
Oldest	47	45	46
Average Age	32.5	32	32.3
Medical Status			
Pregnant (anytime in program)	N/A	1	1
HIV Positive	0	0	0
Active AIDS	0	0	0
Participation in Other Programs			
Work release	0	0	0
Vocation training	0	0	0
GED	1	3	4
AA/NA	19	10	29
Current Employment Status			
Full-time employed	17	10	27
Part-time employed	0	1	1
Volunteer work	1	0	1
Currently in Education program	0	0	0
Currently in Trade school	0	0	0
Marital Status			
Married (Legal or common law)	3	0	3
Single (Never married)	12	4	16
Divorced/separated	4	2	6
Widowed	0	0	0
Living with Significant Other	2	2	4
Education			
Less than high school education	3	2	5
HS graduate or GED	17	5	22
Education beyond high school	0	2	2

CHARACTERISTIC	MALES N=19	FEMALES N=9	TOTAL/AVERAGE N=29
Education Continued			
Vocational or trade school	1	0	1
Current Living Status			
With spouse	3	0	3
With spouse and children	2	0	2
Alone	7	3	10
With parents	5	5	10
With other relatives	0	0	0
With significant other	2	2	4
Institutionalized	0	0	0
In residential substance abuse treatment	0	0	0
Homeless	0	0	0
Children			
Total # of active clients who have children	13	0	13
# active clients currently without custody	1	0	1
# gained custody since entering the Drug Court program	0	0	0
Treatment History--% with Prior			
Residential treatment	1	2	3
Outpatient	1	2	3
AA/NA	4	3	7

As the table indicates, current clients are 21% African-American, 4% are Hispanic, and 76% White. Also, clients are an average age of 32, with ages ranging from 18-47 years old. Forty-six percent of the clients have children. Only one client is currently without custody of his child; all of the other Drug Court clients, with children, have shared custody or visitation rights. Eleven percent of the Drug Court clients are married, and 57% percent have never been married. Currently, 93% of clients are working full-time and 4% are employed part-time.

Approximately 11% of the Drug Court clients had been in residential treatment prior to entering the Drug Court program. Additionally, 11% of clients had been in an outpatient treatment program prior to entering the Drug Court program.

It is common for current clients to have had a history of the following kinds of charges: theft/property offenses, check/credit card forgeries, driving under the influence, drug manufacturing, drug possessions, and possession of drug paraphernalia. The primary drugs of choice for clients are alcohol, marijuana, amphetamines, and crack cocaine.

The special needs for clients in the First District Drug Court Program include regaining custody of their children. Approximately four percent of the clients who have children are

currently without custody of those children. Clients have to prove that they are in stable living situations, and able to be a proper guardian for a child, in order to regain custody. Success in the Drug Court program is one indicator of stability.

Graduates and Dropouts

Graduates. Almost all of this report is based on information collected from September 1999 through March 2000. However, the evaluator found it important to note that the First District Drug Court program graduated three clients May 4, 2000. The graduation ceremony took place at the Fulton County Courthouse.

Dropouts. Five male clients and one female client exited the program due to failure or misconduct. One client was terminated for non-compliance and another client absconded. As of February 29, 2000, twenty-nine clients were active in the First District Drug Court program.

Example Case Studies From First District Drug Court

Successful Case Study #1

T. B. is a 27-year-old single white female with two children, admitting to a five-year history of Cocaine addiction and a two-year history of addiction to Amphetamines. She admitted to daily use of drugs for the past five years. She reported she smoked Amphetamines and snorted Cocaine and further admitted that her drug of choice was the Cocaine. She denied any use of alcohol and or any other type of drugs. At the time of her interview, she was incarcerated in the Fulton County Detention Center for a probation violation and remained incarcerated for the first five months of her Drug Court experience. She was then shock probated to Drug Court but was required to wear a tether.

T. B. was the only girl and the middle child in her family. She denied any physical, psychological, or sexual abuse. Her father had left the home when T. B. was a young child and her mother, grandmother, and great-grandmother raised her. She reported that she had a good childhood but indicated there was a lack of her father's influence in the home when she was younger. She stated she has since dealt with the issue and it no longer presents any problems for her. She reported her present family is close and all are very supportive. Background substance abuse in her family indicates that her paternal grandfather and one brother have alcohol abuse problems. T. B.'s brother has been in and out of treatment for alcohol dependence recently.

T. B. indicated that she had been hospitalized three times in her lifetime, the last being six and a half years ago for cancer treatment. She stated she has been cancer free since and has routine medical exams by her Cancer Specialist. She further reported she has pain in her breasts due to fibrosis, but is not under treatment for this condition at the present time. T. B. has no psychiatric history and exhibits no psychiatric problems.

T. B. has completed nine years of formal education and has no training or technical skills. She is categorized as an unskilled, unemployed laborer. She had not worked in over three years, mainly due to her substance abuse problems. She reported she is willing and able to be employed. She is presently employed in the construction field as a mason's assistant. She and her significant other are considering starting their own construction company.

T. B. has been arrested three times in her lifetime, once for a misdemeanor charge of public intoxication and disorderly conduct. She has a felony conviction for non-forced entry, burglary, and the conviction of probation violation for which she was incarcerated at the time of her interview.

T. B. related at the time of her interview that until this last arrest and subsequent one-month abstinence from drugs, she did not take her legal issues seriously. At the time of her initial interview, facing continued incarceration and off drugs, she realized the seriousness of her actions.

T. B. began her Drug Court experience while incarcerated. She remained incarcerated for five months before becoming shock probated to Drug Court. During those five months, she appeared before the District Court Judge on several occasions for shock probation and was denied. Throughout this process, T. B. developed increased motivation and a good outlook on life despite the continued denial for release. She reported that if she had been released sooner, she probably would not have been as motivated. There was a steady, gradual change and growth noted in T. B.'s behavior throughout this process.

Since her release, T. B. lives with her significant other and five (two are hers and three are his) children. They plan to marry in June 2000. She is presently living in a home provided by their employer. They have a goal of moving to a home of their own as soon as possible.

T. B. has been in the program for over one year and out of jail for the past eight months. Her motivation continues to be extremely high. T. B. wore a tether for the first six months of her treatment after her release.

Since her last release and subsequent treatment in Drug Court, T. B. has obtained full time employment in construction; work that she enjoys. She has remained completely abstinent of all drugs. All drug tests have been negative. T.B. has attended all required therapy sessions. Attends weekly NA/AA meetings. Has sole custody of her two children. She has re-established her relationship with a non-using boyfriend and has developed close relationships with non-users. Additionally, she has developed non-using activities to enjoy. T.B. has worked on all aspects of Drug Court goals and requirements with complete openness, honesty, and a good attitude. In turn, T.B. has been promoted to Phase III in Drug Court. Presently, T.B. is working on GED classes. T.B. has made an overall successful attempt to change her lifestyle.

While T. B. has not graduated from Drug Court at this time, she has made a successful attempt at treatment thus far. She has gone from a drug addicted, incarcerated, non-functioning female who many thought had no viable chance to "make it drug free", to a non-using, working mother who is now looked upon by all as a drug free working citizen of her community.

T. B. is the kind of client that makes the slow, steady process of healing evident when you work with her. She has had her trials and tribulations, but has maintained her daily commitment to a drug-free lifestyle. Given time she will be a successful graduate of Drug Court.

Successful Case Study #2

J.G., a 44-year-old white male, was admitted to Drug Court on March 12, 1998. J.G. reports initiating his 7-year history of drugs and alcohol after a bitter divorce. He admitted to alcohol consumption to intoxication for 7 years and cocaine and amphetamine use and dependency for 3 years. His charges at the time of Drug Court admission were possession of a controlled substance, paraphernalia and trafficking a controlled substance – enhanced. Past history included alcohol intoxication, illegal possession of alcohol in dry territory and operating a vehicle impaired.

Family history includes a father who was a retired minister. J.G. reported having a poor relationship with him due to fathers constant need for perfection from him and a brother who died of alcohol and drug abuse. During treatment J.G.'s father died which became a turning point in his treatment. He struggled with his father's death and guilt but did well and has worked through his grief.

He had a bout of alcohol consumption and resistance to treatment; however, a change in treatment with a transfer to a male counselor remedied this problem.

He has been compliant and has completed his Drug Court responsibilities. He works full time and has begun farming on his own property, a great source of joy to him. He attends all meetings. He has completed all treatment goals in Drug Court and with his substance abuse counselor. He has requested graduation and will be completing a graduation request form.

J.G. appears ready for graduation. He will begin mentoring new Drug Court clients for his after care program.

Unsuccessful Case Study

T.L., a 36-year-old white female was admitted to Drug Court on November 4, 1997 after felony charges for possession of a controlled substance, manufacturing a controlled substance and paraphernalia. Past charges included alcohol intoxication, drinking in public and operating under the influence.

T.L. had a long history of polydrug use, abuse and dependency, beginning substance abuse activity at age 11 with use of inhalants and marijuana. She reports using alcohol at age 14 and drank to intoxication for the 22 years of use. Cocaine use and dependency began 4 years later. She has also used and abused opiates and sedatives from age 18. She used multiple drugs on a regular basis for 22 years.

Prior to admission she had been abusing alcohol, marijuana and cocaine. T.L. indicated she had been abused physically, sexually, and verbally in her childhood. She reported she has had serious problems getting along with her mother but has an excellent and close relationship with her father. She also indicated a strong close relationship with her paternal grandmother.

At the time of ASI assessment, she further indicated she had what she felt was a long history of depression, since childhood. She also felt her legal problems were of great significance, as she had had many felony charges throughout her long history of substance abuse.

T.L.'s progress at the beginning of treatment was slow. She had one relapse that included a 2-day binge of alcohol and drugs, which ended in her arrest on drug charges. At the time of her arrest she was working at a job she enjoyed and wanted to develop into a career. After her arrest she was fired and could no longer be employed in that particular type of employment, which led to some depression. However, she recovered and never had another episode of drug use.

T.L. had maintained sobriety for approximately one year when her father died. At that time she began drinking alcohol from which she did not recover. Her grandmother was terminally ill and subsequent death of her grandmother added to her pain. She was then re-arrested, this time on a DUI and possession of a handgun by a convicted felon.

Drug Court recommended that she should be sent to the 6 month Substance Abuse Program, at Hopkinsville. She spent 5 weeks in that program and did well according to the program director. However, after 5 weeks the Department of Corrections transported her to Pewee Valley due to a "glitch" in her sentencing where she remains at this time. Many efforts to have her sent back to the SAP program have failed. The plan was to have T.L. complete the 6-month in patient program and then have her transferred back to complete Drug Court.

In spite of extremely close and constant contact with T.L., she failed to complete Drug Court treatment. Her support system outside of treatment was not sufficient to sustain sobriety once her father died.

Perceptions

Judge Perceptions

Two Judges work with the First Judicial District Drug Court program. Judge Whitesell is the District Judge for Fulton and Hickman counties and serves as the presiding Drug Court Judge in these counties. Judge Whitesell has been on the bench for nine months. Judge Myers is the District Judge for Ballard and Carlisle Counties and he presides over the Drug Court program in these counties. Judge Myers has served on the bench for three years. District Judge Shadoan works indirectly with the First Judicial District Drug Court program, by referring clients to the program. Judge Shadoan has been on the bench for seventeen years.

Although there is no required training for judges involved with the Drug Court program, Judge Whitesell has attended the technical assistance workshop for adult Drug Court implementation in Jacksonville, Florida. Judge Myers has attended Judge Paitzel's Drug Court session in order to learn more about the Drug Court program. Neither Judge Whitesell nor Judge Myers had been involved with a program like Drug Court before.

Judge Whitesell and Judge Myers have both been working with the First Judicial District Drug Court program for approximately nine months. Both Judges plan to work with the First Judicial District Drug Court program as long as funding continues and as long as they retain their judicial offices.

The First Judicial District Drug Court program has impacted the judicial system profoundly by establishing a court system in conjunction with a treatment system. The Judges indicated that the traditional role of judges, along with prosecutors and defense attorneys, is changing with the Drug Court program. In this program, attorneys will not be seen as adversarial, nor will judges be seen as the usual impartial decision-maker. They will become part of the treatment team. The additional workload on the Judges and court staff, created by the Drug Court program, has also impacted the judicial system.

The Judges indicated they believed the First Judicial District Drug Court has impacted the community as well. The initial impact has been on the clients and their families. The program has further impacted the community by increasing awareness of the drug problem. Also, one of the Judges believed that the community would have a greater support of the Drug Court program after they became more cognizant of the program and its successes.

The Judges believed that on average, fifty percent of the clients in the Drug Court program have been in some other treatment program (with the exclusion of AA and NA) prior to entering the First Judicial District Drug Court program. The Judges felt that the constant and frequent monitoring are the major differences between the Drug Court and other treatment programs.

Judges believed that clients find out about the Drug Court program primarily through word of mouth—on the street, and/or from other inmates while in jail. Also clients may find out about the Drug Court program from their defense attorney. Prosecuting attorneys have also referred defendants to the Drug Court program for assessment.

Judges agreed that clients enter the program mainly to avoid jail time. Only a few enter the program because they are initially interested in getting help for their drug problems. Judges also believed that the Drug Court program rules are clear to clients. Written materials are available for the clients, covering the rules of the program and it was indicated that the treatment coordinator does an excellent job explaining the rules to the clients.

Judges thought that clients choose to remain in the program because, at some point, they realize the program is changing their lives for the better. The Judges also felt that clients stay in the program because they have jobs, a place to live, and they get approval of those close to them.

The Judges were unsure whether or not the time to complete the Drug Court programming was a suitable amount. The First Judicial District program is still in its infancy and no client has advanced through the phases to complete the program. Further, since the Drug Court program differs so greatly from the traditional court system it is difficult for the Judges to gauge what the proper duration of time for the Drug Court program should be.

The Judges also believed that drug testing should be done as frequently as possible in each of the three phases. Judges would also like for the Drug Court program to improve on the ability to test for alcohol.

The Judges agreed that the First Judicial District Drug Court program would not function if it provided drug testing and court hearings, but no treatment. Judges believed appearing before the judge less often would not necessarily be beneficial. If the clients appeared before the Judge less often, then the judicial intimacy would be lost, and result in clients not taking the threat of sanctions seriously. One Judge believed that appearing before the Judge less often would, in the client's mind, represent a way to "beat the system." Judges felt that if clients appeared before the Judge more often, then there could be a negative impact on clients' progress, especially in the initial phase. Another Judge indicated that the needs of the individual clients may be used in the future as a determinant of whether or not clients would be able to successfully complete the program appearing before the Judge more or less often.

One Judge believed that clients could appear before different Judges, sporadically, with little impact upon their progress, as long as the Judges communicated frequently and had well documented case notes to follow. Conversely, another Judge believed that there must be continuity in order for the Drug Court program to be successful. The Judges believed that if clients did not appear before any Judge, then there would no longer be an aura of respect for the program and the justice system.

The Judges felt that clients understand the sanctioning process fairly well. However, one Judge noted that some clients have difficulty understanding why sanctions sometimes differ from one client to another. For example, a number of clients fail to take into consideration the circumstances and past record of those being sanctioned.

Rewards are important as a motivation factor in the First Judicial District Drug Court program. The Judges make many attempts to reward and praise Drug Court program clients in

order to be supportive. The Judges are sincere by making the reward or praise specific and unique to the client's situation.

The Judges stated that some of the most difficult aspects of the program for clients include: (1) Breaking relationships with past acquaintances/substance abusers; (2) Idle time if clients are not employed; and (3) Intensive time commitment and demands, as much as five meetings per week.

Judges believed situations that would be likely to trigger relapse for the First Judicial District Drug Court clients are: (1) Family problems; (2) Association with old friends; and (3) Deception.

In order for a client to be successful in the program, Judges believed that clients must completely abstain from drugs and follow all Drug Court rules. Additionally, one Judge believed it is necessary for clients to have an internal change, which may come from having faith in God or a higher power.

There are a number of important differences between clients who complete the program and those who do not. Judges believed the primary reasons why some clients succeed and others do not are will power and dedication. Sincerity and a good support system are factors Judges believed were needed in order for clients to complete the program.

Aftercare services are provided for Drug Court program clients. One Judge commented that aftercare services will provide clients with support, which they became accustomed to before graduating from the program.

The Judges agreed that the program is still relatively new and is evolving; therefore the process of change is ongoing. Judges would like to see the hiring of at least one, but preferably two field workers, and the formation of a local halfway house. Also with additional funding, the Judges hope to incorporate greater abilities for drug testing.

Funding was the major problem encountered by the First Judicial District Drug Court program. The program had already started and funding was not received until many months later. The Court was extremely limited as to what could be done.

In order to evaluate the success of the program, a study of recidivism among graduates and former clients would be necessary. One Judge recommended an examination of the recidivism rates of those clients who did not graduate, because even though they failed, they may have gained something valuable from the program. One Judge said "I don't think you can judge a Drug Court by its failures, you have to judge it by its successes."

The most helpful aspects of the First Judicial District Drug Court program listed by the Judges include: (1) Intense counseling for clients; (2) Respect clients receive from the community; and (3) Increased self-esteem of clients.

Advice that the Judges would give to other Drug Court programs included: (1) “Be patient, give it a chance to work, there will be failures, [but you] will see the benefits of the program; (2) Help Drug Court clients as much as you can; and (3) Show the judicial system that there are other options for drug offenders.”

Additional comments made by the Judges included: “Anytime you get that one-on-one relationship with a person, you get empathy for them not just punitive power, but the power to do good.” Also, “They [Drug Court clients] get to see you as a person.”

Staff Perceptions

The Drug Court case specialist filled out an individual survey about the First District Drug Court program. The case specialist indicated that the most compelling reason for implementing the First District Drug Court program in the community was to intervene early with substance abusers in the criminal justice system, before their drug use leads to greater problems. The most critical components of the First District Drug Court program, as indicated by the case specialist, were the counseling component and time spent with the clients individually.

The biggest barrier with implementing the First District Drug Court program was with the law enforcement community. According to the case specialist, the law enforcement representatives in the area believe that Drug Court wants to set criminals free after they have been arrested for a crime.

The case specialist noted that clients learn about the Drug Court program a variety of ways including: attorney/legal aid; in jail; Judges; and friends. The case specialist indicated that clients probably choose to enter the program in order to stay out of jail and some may enter to help themselves with their abuse problem.

When clients enter the program, the case specialist believes the clients understand program rules and that the rules are extremely clear. He also believed that the Drug Court program takes just the right amount of time to complete. When asked about the frequency of drug testing in each phase of the program, the case specialist indicated the drug testing in Phase I, II, and III was administered with just the right amount of frequency. The case specialist was unsure as to whether enough time was spent with the clients each week, because each client requires different amounts of time, in each of the three phases.

The case specialist noted that in order for a client to be successful in the Drug Court program, a client must stay drug free, complete assigned work, and actively participate in counseling sessions. The case specialist indicated that clients understand the sanctioning process very well. A reward used with Drug Court clients is encouragement by the Judge, counselors, and peers in Drug Court sessions. Proper behavior prompts the use of rewards.

The case specialist reported a situation that may trigger relapse for clients would be seeing old acquaintances. Relapse is expected but not condoned. All positive urines are sanctioned but clients are not terminated based solely on positive urines.

The case specialist noted that the most important difference between clients who complete the program and clients who do not complete the program, was that it is those clients who truly have the desire to complete the program that are successful. The First District Drug Court program plans to have an aftercare component. The case specialist believed that aftercare services would be very important to clients and that clients should be involved in these services. Further, the case specialist believes Drug Court clients will be very involved in aftercare services. Mentoring will be an aftercare activity that Drug Court clients will most likely be involved in.

The case specialist indicated as noted in Table 13 that drug testing, drug treatment, drug education, sanctions, and other program components were important or extremely important.

Table 12. Staff Perceptions about the Importance of Program Components

PROGRAM COMPONENT	MEAN*
Drug testing	5.0
Drug treatment	5.0
Drug education	5.0
Sanctions for noncompliance	5.0
Employment requirement	4.0
Health referrals	5.0
Rewards for compliance	4.0
Individual counseling	4.7
Individual treatment/program plans	5.0
Housing requirement	5.0
Family counseling	4.0
Physical Health component	4.0
Court sessions	5.0
Review of progress	5.0
Fee payment requirements	5.0
Journal assignments	5.0
Mentoring	5.0
Community service	4.0
Book report assignments	5.0

*1=Extremely unimportant 2=Unimportant 3=Not sure 4=Important 5=Extremely important

The case specialist indicated they had received program feedback from clients, law enforcement, citizens, judges, and lawyers. Things that the case specialist believed were most helpful or that were strengths of the Drug Court program included: (1) Counseling; (2) Drug Testing; and (3) Understanding.

The case specialist indicated that, overall, the Drug Court program has helped clients in the following areas: substance use; employment; relationships; court procedures; physical health; living conditions; education; mental health; and spiritual development. It was noted that clients make the most change in health, mental and physical, because they are given the skills to make rational, logical decisions. Further, they are off drugs and can live healthy drug-free lives.

Client Perceptions

Four randomly selected clients of the First District Drug Court program completed surveys. Half of the respondents were male and half were female, with an average age of 33 years old (ranging from 18 to 46). Seventy-five percent of the respondents were white and 25% were African-American. Survey participants had been in the First District Drug Court program for an average of nine months (ranging from 3.5-18 months). Seventy-five percent of the respondents were in Phase II while 25% were in Phase III.

When respondents were asked what the main substance was that led to their problem, responses listed were: alcohol, marijuana, cocaine, and methamphetamines. Seventy-five percent of the respondents indicated they had a moderate substance abuse problem while 25% indicated having a heavy substance abuse problem.

Fifty percent of the clients had been to AA/NA groups prior to entering the Drug Court program. However, none of the clients surveyed had participated in any other type of treatment program, prior to entering the Drug Court program.

Clients believed the Drug Court program's rules were extremely clear. Fifty percent of the respondents felt that the program rules never change. The remaining fifty percent of clients surveyed were unsure as to whether rules change very often or believed the rules changed very little. All of the respondents felt that the Drug Court program was explained to them remarkably well when they entered the program.

Clients listed the most important reasons that they entered the Drug Court program as: to get counseling and treatment for drug problems, to stay out of jail, and to meet requirements of probation terms.

All of the clients surveyed felt that the Drug Court has met any special needs that they might have. All clients also indicated that there are not any services that they would like to be involved with or that they are currently not receiving. They also indicated that the program takes just the right amount of time to complete and that they are satisfied with the program.

Seventy-five percent of clients indicated that just the right amount of testing for drugs was done in Phase I, while 25% of the respondents believed that the testing was done too often. During Phase II, 100% of clients surveyed believed that just the right amount of testing for drugs was done. Fifty percent of the clients were not sure if the right amount of drug testing was done in Phase III and the remaining 50% believed that the amount of testing for drugs was just right.

Clients rated the importance of specific program components, which ranged from individual treatment/program plans as the highest, to the book report assignments requirement as the lowest. The clients' ratings of program components are indicated in Table 14 below.

Table 13. Client Perceptions about the Importance of Program Components

PROGRAM COMPONENT	MEAN*
Drug Treatment	4.5
Individual treatment/program plans	4.8
Review of progress	4.3
Court sessions	4.0
Journal assignments	3.3
Book report assignments	1.7
Drug testing	4.5
Good deed requirement	3.3
Physical exercise requirement	3.0
Employment requirement	4.5
Fee payment requirement	3.0
Mentoring component	4.0
Community service component	3.5
Individual counseling	4.5
Family counseling	4.0
Health referrals	4.3
Drug education	4.5
Sanctions for noncompliance	4.3
Rewards for compliance	4.5
Physical health	4.7

1=Extremely Unimportant; 2=Unimportant; 3=Not Sure; 4=Important; 5=Extremely Important

Clients indicated the following reasons important for remaining in the program: the chance to avoid jail (25%), the opportunity to get and stay clean (50%), and the chance for a better life (25%).

Clients indicated that they believe the Drug Court treatment coordinator:

- Cares about them
- Always has time for them
- Always explains things clearly to them
- Knows what they are talking about
- Makes good referrals
- Is responsive to meeting their needs
- Is helpful with their individual treatment plans
- Is fair in evaluating their progress
- Is helpful when their progress is evaluated

Clients noted that they believed the Drug Court Judges care, and further, always had time for them. They felt that the Judges explain things clearly, know what they are talking about, and are responsive to their needs. Further, clients indicated they believed the Drug Court Judges make good referrals, are fair about sanctions and rewards, and are also fair in the evaluation of their progress.

Clients believed that the group sessions cover topics that are interesting, that they usually learn a lot in the group sessions, they feel that they can be very open with group counselors, and they usually learn a lot during group sessions.

Clients indicated rewards most important to Drug Court participants to help them complete the program included judge praise and peer praise, as well as promotion to the next phase.

Seventy-five percent of clients surveyed indicated that they understand the sanctioning process. Unhappiness of the Judge and jail time were noted as important sanctions by seventy-five percent of the clients surveyed. Fifty percent of the clients surveyed listed an increase in the frequency of court hearings and an increase in the frequency of urinalysis as being unimportant as sanctions. Fifty percent of the clients surveyed also indicated that an increase in fees was extremely unimportant as a sanction.

Clients described their relationships with their AA/NA mentors as being very good. Other good relationships reported by clients included those with the Judges, the Drug Court case specialist, counselors, the Drug Court Rehab Counselor or treatment coordinator, and their Drug Court mentor. Some clients indicated that they were unsure about their relationship with the defense counsel, prosecutors, and other drug court clients.

Clients believed that the Drug Court program has helped them very much with their substance use and their relationships. The program has also helped clients with court procedures, their mental health, their spiritual development, and their self-esteem. However, some clients felt that the program had not been helpful in the areas of employment, physical health, and living conditions.

Twenty-five percent of the respondents indicated that they were aware of aftercare services provided by the Drug Court program. Several clients were unsure as to the importance of aftercare services. However, twenty-five percent felt that aftercare services were very important. Clients also indicated that they would be somewhat involved with aftercare services.

Clients indicated that they would like to be involved with the aftercare component of the Drug Court program. Among the ways they would like to be involved in aftercare included attending AA/NA meetings and serving as guest speakers in meetings.

Clients did not note any difficulties with the Drug Court program. However, one client was unique in that he had to move out of state temporarily for job training. This situation was difficult for the individual because he was afraid that it may interfere with his progress in the Drug Court program.

The best things about the Drug Court program that clients mentioned included the following:

- Drug Court personnel—“The care and praise that comes from the Judge and Case Specialist.” “The staff is nice and good to us.”
- Program Aspects—“The security of the drug patch.” “Get to know people you otherwise would never meet.” “Pretty good recovery plan.” “People trying to help us.”
- Staying clean—“Helps straighten out life.”
- Second chance— “Gets you into a different way of life.”

- Self esteem—“The wonderful people I have met that have some of the same everyday struggles as I do.”

Changes clients indicated they would like for the Drug Court program to make included the themes on equality among participants and testing capabilities. The comments are as follows:

- Equality—“One rule does apply to every situation.” “People that don’t abide by rules excel just as fast as me when I do the program right.”
- Testing capabilities—“Need better patches or something that won’t peel off after a shower.”

Final comments from clients also included:

- “The Drug Court program has been and still is a great help and support in my life. Once I made the decision to stay (off drugs) clean, the Judge, case worker and counselor have been there for me educating me and most of all becoming true friends. They helped me learn to trust again and believe in myself. They help plant the good seed within me and with the strength of God I will make it grow. Thank you Drug Court...”
- “I would like to say thanks for the support from everyone involved...”
- “I would just like to thank every one for treating me like I’m still a human being.”

Defense Perceptions

One defense attorney was surveyed for the First Judicial District Drug Court program. The attorney will have no staff that will be specifically devoted to the Drug Court program. The defense attorney noted that no staff orientation and/or training program has been held as of yet, for work with the First Judicial District Drug Court program. Further the Drug Court program has not had any impact on the attorney's policies and procedures.

The Drug Court program has impacted the defense attorney office's relationship with community groups. The attorney commented, "community awareness has been increased and [the] community seems pleased the Court is trying to address the problem."

The defense attorney listed measuring the recidivism rate as an important tool for evaluation of the effectiveness of the First Judicial District Drug Court program.

The following aspects of the First Judicial District Drug Court program are very important according to the defense attorney: drug treatment, individualized treatment/program plans, drug testing, individual counseling, family counseling, and sanctions for noncompliance. Other components of the program that the defense attorney finds to be important include: the employment requirement, mentoring, and community service.

The main reason why the defense attorney believed clients enter the First Judicial District Drug Court program was to avoid prison. The attorney felt that since clients enter the Drug Court program for that reason, the clients would then fail to complete the program. The defense attorney also believed that the reason clients remain in the Drug Court program is because the clients "want to be healed of the addiction."

The defense attorney noted that the First Judicial District Drug Court will impact the criminal justice system in the following ways: (1) Drug Court will encourage greater coordination with other justice agencies; (2) Drug Court will promote new relationships with the justice system and other agencies in the community; (3) Drug Court will encourage greater coordination with community groups; (4) Drug Court will provide a more effective response to substance abusers; and (5) Drug Court will increase the education and awareness of attorneys about substance abuse and its impact on clients.

The defense attorney believed that the Drug Court program will provide a variety of savings in the following areas: (1) Time saved in terms of case preparation, (2) Less time spent in court appearances, and (3) Savings in jury costs. However, the attorney's office has not incurred any savings as a result of the First Judicial District Drug Court. The defense attorney further noted, "I am not paid for attending Drug Court and then I can't spend the amount of time I would otherwise spend."

The defense attorney listed the strengths of the First Judicial District Drug Court program as the program's effectiveness and that the program has also increased community awareness.

The defense attorney felt that the First Judicial District Drug Court program could improve in several areas, including: (1) Require prosecuting attorneys and defense attorneys to appear at Drug Court sessions; (2) Obtain funding for defense attorneys to be paid for appearing at Drug Court sessions; and (3) Work to increase the amount of community involvement.

Advice to counterpart agencies, from the defense attorney, included: “Too often the Drug Court became a one person program and that is usually the Judge. It needs to be structured to require more input from defense attorneys, district attorneys, and care providers. Make this input a condition of funding.”

Further comments regarding the First Judicial District Drug Court program included: “It still has a lot of rough spots, but it is worth trying to smooth them out. It is far better than what it replaced, i.e. nothing!”

Prosecution Perceptions

One prosecutor from the Commonwealth Attorney's office, and two other prosecutors who work with the First District Drug Court program, completed surveys. No staff members are solely dedicated to the First District Drug Court program because there has not been a need due to the relative newness of the program. According to two of the prosecutors, the First District Drug Court program has had an impact on attorney/staff orientation and/or training programs, as well as policies and procedures. One prosecutor stated that the staff must assist in evaluating the referred clients for admission into the First District Drug Court program. The heightened awareness in addressing defendants' assessments and the diversion agreements that may be involved when they wouldn't have been offered on drug offenses, otherwise, are the impacts on policies and procedures.

The First District Drug Court program has impacted one prosecutor's relationship with community agencies by providing more interaction with other groups. None of the prosecutors are associated with a community prosecution program.

One prosecutor believed that the recidivism rate in the future would be an important evaluator of the effectiveness of the First District Drug Court program. Another prosecutor noted that seeing people become productive members of society through getting jobs, staying off drugs, having strong ties with family, and receiving no new charges would be important evaluators of the effectiveness of Drug Court.

One prosecutor agreed that the First District Drug Court has encouraged greater coordination with other justice agencies, has provided law enforcement with an additional tool to enforce a no tolerance policy, and has increased the education and awareness of attorneys about substance abuse and its impact on clients. The same prosecutor disagreed that the Drug Court has permitted more attorneys to be available for other cases and that the Drug Court program has promoted more efficient use of office resources. Prosecutors were unsure if the Drug Court program has promoted new relationships with the justice system and other agencies in the community, if the Drug Court has encouraged greater coordination with community groups, if the Drug Court has provided a more effective response to substance abusers, or if the Drug Court has reduced the number of substance dependent detainees. Another prosecutor stated that the Drug Court has been beneficial by adding needed resources to the community.

One prosecutor strongly agreed that the First District Drug Court provides the following savings: savings in jury costs, reduced number of re-arrests, and jail costs. He disagreed that the First District Drug Court provides time saved in terms of case preparation and less time spent in court appearances. Another prosecutor agreed that the First District Drug Court provides time saved in terms of case preparation, less time spent in court appearances, and savings in jury costs. Both prosecutors were unsure if savings in police overtime would be a benefit of the Drug Court program. One prosecutor strongly disagreed that the First District Drug Court provides savings in time spent in court appearances and reduced number of re-arrests. None of the prosecutors incurred any additional costs nor realized any additional savings as a result of the First District Drug Court program.

One prosecutor mentioned the significant benefits of the First District Drug Court program as being the sense of satisfaction you receive when someone is given a chance and succeeds and also seeing the families reunified.

One prosecutor believed that the strengths of the First District Drug Court program included: (1) Judge involvement, (2) Constant monitoring, and (3) Group support. The other two prosecutors did not have a comment.

One prosecutor noted that the First District Drug Court program could improve by taking preventive measures to help the children and families of the Drug Court clients. Another prosecutor stated that an improvement would be to implement stronger sanctions.

Advice offered by one of the prosecutors to counterpart agencies beginning Drug Court programs is that everybody needs to work together.

One prosecutor described the most compelling reason for implementing a Drug Court program in the community was that it offers a chance to give drug users an alternative, as opposed to warehousing the clients in prisons. It was also noted that Drug Court helps individuals become productive members of society. He described the biggest problem/barrier with implementing a Drug Court program as the willingness on behalf of the community's members to accept the program and also that the community needs to see the First District Drug Court program as a viable alternative.

Additional comments added by one of the prosecutors is: "The First District [Drug Court program] is meeting a vital need in our area [because] treatment is very limited, this is great for our community [because] half of the crimes are drug related." The other two prosecutors had no comment.

Police Perceptions

Police representatives completed surveys about the First Judicial District Drug Court. The representatives indicated that, currently, there is no plan to dedicate any officers solely to the Drug Court program. Police officers are working part time for the Drug Court by making home checks, conducting urine analyses, and transporting prisoners to the Drug Court sessions.

The officers indicated that the First Judicial District Drug Court program has not reduced the cycle of arrest and re-arrest. One officer believes that through the Drug Court program “We [the police] have built better relationships with groups that are assisting Drug Court patrons with counseling and employment.” Further, there is an existing community policing program. Those officers trained in the concept of community policing are the officers assigned to assist with the Drug Court program.

Police officers feel that the success of the Drug Court program can be evaluated by: (1) The rate of success vs. failure; (2) Reduction in drug arrests; (3) Keeping track of those who graduate and who do not graduate; (4) Number of clients who become and remain drug free; (5) Reduced rates of recidivism; (6) Better communication between Law Enforcement and the Drug Court program; and (7) Measuring the length of time before clients relapse.

Police representatives believe that the Drug Court program has encouraged greater coordination with other justice agencies, promoted new relationships with the justice system and other agencies in the community, provided a more effective response to arrests of substance abusers, provided law enforcement with additional tools to enforce the no tolerance policy, increased education and awareness of officers about substance abuse and its impact on clients, resulted in more jail space for sentenced defendants, resulted in more jail space for pre-trial defendants, and reduced the number of substance dependent detainees.

Police representatives indicated that there have been savings as a result of the Drug Court program. Officers believe that less time has been spent in court appearances, savings in jury costs, and reduced the number of re-arrests. One representative indicated that additional costs have been incurred on the office, which includes the purchase of drug test kits and the transportation of prisoners. However, the police representative noted that the Court would reimburse costs through court costs paid by the Drug Court participants. There has also been an additional workload placed on officers, as indicated by one police representative, from working with the Drug Court program.

Police representatives indicated that some difficulties and problems, resulting from the Drug Court program, include the many chances substance abusers are allowed before being sanctioned and the lack of communication the office has with the Drug Court. Meetings with the Drug Court personnel should help to combat these difficulties.

Benefits of the First Judicial District Drug Court program listed by Police were: (1) Fewer repeat offenders; (2) Help for those regarded as victims; and (3) Easier convictions due to guilty pleas to enter the Drug Court. Police feel that strengths of the Drug Court program

include: (1) Close and necessary monitoring; (2) Education; (3) Awareness; (4) May reduce violent crime; (5) Reduce recidivism among substance abusers; and (6) Treatment.

Police representatives indicated that the Drug Court program could improve by: (1) Better communication with law enforcement; (2) Sending those clients which are unable to complete the program to jail; (3) Not allowing repeat felony drug offenders to have the Drug Court option; (4) Hiring more personnel to enable better monitoring; (5) Developing more effective job finding abilities; (6) Considering clients with only one violent incident in their past for admission into the program; and (7) Including law enforcement input.

Some advice to counterpart agencies included:

- “Give Drug Court your full support from day one.”
- “Input from all agencies serving Drug Court is essential from the beginning.”
- “Work as a team. Try to keep a good communication between the Drug Court and law enforcement.”

Additional comments about the First Judicial District Drug Court program include:

- “I feel it is the most effective treatment program available for those whose number one problem is drug addiction. I know of no treatment center anywhere that is as effective as the Drug Court Program.”
- The Drug Court needs to “improve communication with law enforcement.”
- “We support helping persons with substance abuse, as long as their chances are minimized.”

Probation and Parole

The probation and parole office does not have any staff that work exclusively with the First District Drug Court program. The representatives surveyed indicated that the Drug Court program has not had any impact on officer or staff orientation and/or training programs.

One representative from the Office of Probation and Parole believed that the Drug Court program has made an impact on arrest and jail policies and procedures. The probation and parole officers are “not allowed to arrest some clients on violation charges due to tolerance of repeated drug use.” It was also stated that the Drug Court program has not affected the probation and parole office’s relationship with community groups.

Probation and parole representatives agree that the First District Drug Court has provided a more effective response to arrests of substance abusers and provides law enforcement with an additional tool to enforce a no tolerance policy. Further, the probation and parole representatives indicated that the Drug Court program has not promoted new relationships with the justice system and other agencies in the community nor has it permitted officers to be available for other cases. They also believed that the Drug Court program has not increased the education and awareness of officers about substance abuse and its impact on clients. One officer indicated that Drug Court has not reduced the number of substance dependent detainees, and has not resulted in more jail space for sentenced defendants or pre-trial defendants.

Probation and parole representatives indicated that the Drug Court program has not provided savings in time spent in court appearances. Further, one officer indicated that the Drug Court program has not provided any savings in police and corrections overtime, or savings in jury costs, nor has it reduced the number of rearrests.

Probation and parole representatives indicated that the Drug Court program has impacted the probation and parole office. One officer commented that Drug Court “creates problems when offenders in Drug Court are allowed to be continued on supervision for repeated drug use, when others not in Drug Court, are revoked.”

The probation and parole office noted that the agency has not incurred any additional costs as a result of the First District Drug Court program and has not incurred any savings either. The problems the probation and parole office has had as a result of the Drug Court program have included determination of jurisdiction. Officers commented “Who has jurisdiction over clients, Drug Court or Department of Corrections...” and “Creates confusion for officers when District Court probationers are being controlled by District Judge.” In order to solve this problem, the probation and parole representatives suggested that District Judges’ wishes should prevail over Drug Court.

Benefits of the Drug Court program listed were: (1) Allows for additional drug testing; (2) More intense supervision of clients; and (3) Drug Court coordinates treatment. Strengths that were mentioned by probation and parole representatives included: (1) Provides additional treatment in remote areas where treatment options are limited and (2) Better supervision of clients.

There are a number of things that probation and parole representatives believed the First District Drug Court could do in order to improve. Suggestions included separating District Court and Circuit Court cases and a better understanding, on the behalf of Drug Court personnel, regarding probation and parole rules of supervision.

Advice that the probation and parole representatives would give to their counterparts in other jurisdictions beginning Drug Courts included “Do not allow the crossover of District and Circuit Court cases” and “Encourage that client complete at least 3 phases of Drug court before being placed on supervision.” An additional comment was “If probation had the money, [and] could select our clients as Drug Court does, [and] officers had the small case load of Drug Court, we could do the same thing.”

Components that probation and parole representatives thought important factors for evaluation of the Drug Court program were: (1) Decreased drug usage; (2) Lower recidivism; and (3) Measure recidivism rates over a longer span of time.

Comments made about the First District Drug Court, by the representatives from the Office of Probation and Parole, included the following: I feel “intensive supervision was discontinued by corrections as not efficient. The only big difference was Drug Court clients write reports and see the District Judge weekly.” Another representative commented, “[They] need to understand that probation officers are responsible to Circuit Judge in probation cases from Circuit Court not a District Judge who has a Drug Court.”

Jail Perceptions

Two jail representatives filled out surveys concerning the First District Drug Court program. No jail staff will be solely dedicated to the First District Drug Court program.

Representatives indicated that the Drug Court program has had no impact on staff orientation and/or training programs, jail policies and procedures, or the jail's relationship with community groups.

One jail representative felt that the program was very good. The other representative felt that the effectiveness of Drug Court would be best evaluated by measuring how many individuals the Drug Court program has successfully helped.

One jail representative felt that the Drug Court program provides law enforcement with an additional tool to enforce a no tolerance policy; permits officers to be available for other cases; provides a more effective response to arrests of substance abusers; and increases education and awareness of officers about substance abuse and its impact on clients. The other representative felt that the Drug Court program has resulted in more jail space for pre-trial and sentenced defendants.

One representative from the jail expects to see savings in jury costs, fewer inmates to process and care for, and also less time spent in court appearances as a result of the Drug Court program. The other representative did not expect savings in any of these areas, or in police/corrections overtime, or a reduced number of re-arrests.

One jail representative stated that a strength of the Drug Court program is that it helps drug abusers. One representative felt that the Drug Court could improve by allowing more clients from District Court, thus reaching those who need help before they become repeat offenders. He also feels that once a client breaks the rules, he or she should be terminated from Drug Court.

Advice given to counterpart agencies beginning Drug Court programs included: "Drug Court needs to be more selective on who they select for the program. Drug Court has only selected inmates that have been in and out of jail since they were kids and since being in the Drug Court, they violated the rules again, [go] back in jail, and Drug Court gets them out again."

Other comments made by one of the jail representatives included: "We have not had Drug Court in this area very long, but what we have seen so far, it [doesn't] seem very effective. I really think it should be for District Court and not convicted felons."

Conclusions

In summary, the First District Drug Court program was established approximately eight months ago. The pilot program, which was started in Fulton and Hickman counties, began in November 1997. The First District Drug Court program was implemented in July 1999. The program is based on the *Key Components* and has three program phases, which take an average client approximately 18 months to complete. As of February 29, 2000, the program had 29 active clients; approximately 93% of the clients were maintaining full-time or part-time employment. Drug Court staff and Judges have spoken at various community and civic groups, such as the Lion's Club and local public schools. The First District Drug Court program coordinates with approximately 15 state and community based agencies.

The most compelling aspects of the First District Drug Court program is the rural area that it serves and the Drug Court program's dedicated staff. The area had limited resources available for substance abusers. The First District Drug Court program has met a great need in the community it serves. The Drug Court staff must be creative and flexible to meet the client needs due to the lack of community resources. The immediate sanctions are another compelling aspect of the Drug Court program. Clients are given sanctions immediately when the program rules are violated. This aspect serves both as a motivator as well as promoting consequences for behavior. Another compelling aspect of the Drug Court program is the judicial involvement. This aspect of the program is particularly important for several reasons. One reason is that it shows the clients that someone cares about them on a regular basis. A second reason is that the Judge separates the punishment process from the support that the Drug Court staff gives the clients. A third reason is that the Judges in the First District Drug Court believe they are apart of a treatment team and this treatment team approach changes the clients lives. Judges also believe this program is truly an opportunity to do something meaningful for both the clients and the community.

Thirteen clients who entered the Drug Court program had been in treatment before entering the Drug Court program. The main reasons cited for why clients enter the Drug Court program was to avoid jail time, although a small percentage also enter to get help for their substance abuse problem. Clients remain in the program for similar reasons, but others added their reasons included the educational opportunities offered by the First District Drug Court program.

Additional services the Drug Court program should consider offering, according to respondents, included:

- An additional component for working with families of addicts
- Expanding the staff to work with more clients

The following were some of the strengths of the program listed by respondents:

- Close and necessary monitoring
- Substance Abuse Education
- Provides additional treatment in remote areas where treatment options are limited
- Provides a better supervision of clients
- Builds a greater self-esteem in clients

- Program requirement of either employment or enrollment in an educational program
- Employment opportunities
- Organization
- Drug screening
- Immediate sanctions
- Reduction of violent crime
- Reduction of recidivism among substance abusers
- Good tracking of jailed clients
- Community awareness of the substance abuse problem

The following are some of the suggested areas for improvement for the current program by various representatives surveyed:

- Have stiffer sanctions
- Establish a local halfway house
- Take preventive measures to help children and families of the Drug Court clients
- Do not allow repeat felony drug offenders to have the Drug Court option
- Consider clients with only one violent incident in their past for admission into the program
- Obtain additional funding for testing
- Hire additional caseworkers
- Work to increase the amount of community involvement
- Separate District Court and District Court cases
- Require prosecuting attorneys and defense attorneys to appear at Drug Court sessions
- Better communication between the Drug Court staff and law enforcement
- Better understanding, on the behalf of Drug Court personnel, regarding probation and parole rules of supervision

A major theme listed by several respondents was the need to establish better communication between the Drug Court program, other entities that work with the program, and the community. Many respondents indicated that drug traffickers were not intended to be a part of the program, but that some traffickers had been accepted into the program.

Some problems with the First District Drug Court program implementation included obtaining funding late and limited treatment resources. Other problems listed by representatives included the lack of communication with Drug Court program staff. Representatives suggested more meetings could be held with the Drug Court program staff in order to alleviate this problem.

The advice suggested for new Drug Court programs was:

- “Be patient, give it a chance to work, there will be failures, [but you] will see the benefits of the program.”
- “Help Drug Court clients as much as you can.”
- “Show the judicial system that there are other options for drug offenders.”
- “Give Drug Court your full support from day one.”
- “Input from all agencies serving Drug Court is essential from the beginning.”

- “Work as a team. Try to keep a good communication between the Drug Court and law enforcement.”
- “Do not allow the crossover of District and District Court cases.”
- “Everybody needs to work together.”

The following comments are excellent summaries of what respondents think of the Drug Court program.

One staff member stated, “Drug Court helps those who may be reached at a early point before the drug use leads to worse actions.”

Responses from clients included “I like being clean, but the things we have to put up with is crazy,” “The Drug Court program helps a lot of people and we appreciate the concern you had for us, but changing rules all the time and talking smart is just acting power hungry to me,” and “Like the set-up and glad that you kept me out of trouble. Thank you.”

One prosecutor stated, “First District Drug Court is meeting a vital need in our area. Treatment is very limited. This is great for our community since half of the crimes are drug related.”

Probation and Parole Officers stated that they felt that the Drug Court staff “Need to understand that probation officers are responsible to District Judges in probation cases from District Court, not a District Judge who has a Drug Court.”

A representative from the police department commented, “I feel it is the most effective treatment program available for those whose number one problem is drug addiction. I know of no treatment center anywhere that is as effective as the Drug Court program.

A defense representative noted, “It still has a lot of rough spots, but it is worth trying to smooth them out. It is far better than what it replaced, i.e. Nothing!”

The evaluators recommended that the First District Drug Court program employ a Management Information System immediately and also make preparations for an outcome evaluation. Currently, a Management Information System is being developed for the Jefferson, Warren, and Fayette Drug Courts.

In conclusion, the First District Drug Court program has had some difficult problems that they seem to have successfully overcome. All of the respondents indicated this program is making a real difference in the lives of the clients, as well as the community. The Drug Court staff and the Judges have a great desire to see the program succeed and are highly committed to the program. In addition to overcoming the difficulties during planning and being committed to the clients, this program is committed to helping substance abusers and the community; it fits well into the local community, and has been successful in meeting the program goals having many clients being promoted to the next phase and few terminations. Further, the First District Drug Court program is the first Drug Court program in the state to serve a four county jurisdiction, which should provide an excellent model for future programs with a jurisdiction of this span. The program also follows the principles from the *Key Components* closely on a daily basis and has future ideas and plans that will make the program even

better in a number of ways. Additionally, on May 4, 2000, the First District Drug Court program held its first graduation ceremony and graduated three clients from the program.

Process Evaluation Methodology

In evaluating the effectiveness of programs like the Drug Court program, researchers have often relied on only the program outcomes such as termination and graduation rates and/or re-arrests to determine effectiveness. However, programs such as Drug Court are essentially long-term behavior modification programs that cannot be fully understood by looking solely at the final program outcomes. To better understand how and why a program like Drug Court is effective, an analysis of how the program was conceptualized, implemented, and revised is needed. A process evaluation, in contrast to an examination of program outcome only, can provide a clearer and more comprehensive picture of how Drug Court impacts those involved in the Drug Court process (e.g., prosecutors, Judges, staff, and clients).

Specifically, a process evaluation provides information about program aspects that lead to desirable or undesirable outcomes. Because changes to the original program design may affect the program outcomes, a process evaluation can be an important tool in helping prosecutors, Judges, staff, defendants, and defense council to better understand and improve the Drug Court process. In addition, a process evaluation may help to reveal strategies that are most effective for achieving desirable outcomes and may expose those areas that are less effective. A process evaluation may also help explain the reasons why some defendants successfully complete the program and why other defendants terminate from the program before they graduate. Finally, a process evaluation may help facilitate replication of the First District Drug Court program in other areas of Kentucky.

The First District Drug Court program process evaluation used structured interviews for each of the different agency perspectives and a specific methodological protocol. The methodology protocol and interview procedures were used in a number of process evaluations across the state of Kentucky including the Fayette Drug Court program. This allows for comparisons of similarities and differences across the specific Drug Court program sites if desired.

The limitations for this process evaluation report include generalizability across time and programs. This report is specifically for the period between September 21, 1999 and March 15, 2000. Changes that occur after this point in time are not reflected in this report. In addition, the representatives surveyed for this report may or may not reflect all attitudes toward the First District Drug Court program. Regardless, the report is critical for documenting the program or the planning process through the stated time period.

The process evaluation for the First District Drug Court program included semi-structured interviews with and surveys of active Drug Court clients, Drug Court staff and treatment coordinator, Drug Court Judges, defense council, prosecutors, probation and parole representatives, jail personnel, police department representatives, and treatment program representatives. The specific breakdown of interviews is as follows:

Table 14. Process Evaluation Methodology

Respondent	Number interviewed/returned	Response Rates
Active Clients	4	100%
Treatment coordinator	1	100%
Drug Court staff	1	100%
Drug Court Judges	2	100%
Defense Council	1	100%
Prosecutors	3	100%
Probation & Parole	2	100%
Jail	2	100%
Police Department	3	100%
Treatment Programs	3	100%
Total	22	100%

The treatment coordinator interview lasted approximately three hours and the Judge interviews lasted about one hour each. The interview with the primary treatment provider lasted approximately two hours. All of the other surveys were self-administered. The treatment coordinator chose clients randomly and names and contact numbers of other representatives with working knowledge of the First District Drug Court program. Information was collected from September 1999 to March 2000. Feedback from each of the respondents is reported in separate sections.